2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A09175

1. Entity Name HOBBY ASSOCIATES, LTD.

Principal Place of Business C/O W. SHARPE, G.P. 7310 THREE CHOPT ROAD RICHMOND, VA 23226 Mailing Address
C/O W. SHARPE, JR.
7310 THREE CHOPT ROAD
RICHMOND, VA 23226

FILED

1007 APR -5 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01202007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 62-1088163

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSWALD, KENNETH ESQ. 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804

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	The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.	ed office or registered agent, or both, in the State of Florida.	l am familiar with, and accept
SI	GNATURE	•	
	Signature, typed or printed name of registered agent and title if applicable.	1	DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

NOTE: General Partners MAY NOT be changed on the General Partner Information

DOCUMENT # SHARPE, WILLIAM M JR.

STREET ADDRESS 7310 THREE CHOPT ROAD RICHMOND, VA 23220

DOCUMENT # NAME

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

200096499792 04/11/07--01035--025 **\$00.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

3-19-07

804-769-8820

Date

Daytime Phone #