


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:07

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03042008 Chg-LP CR2E003 (12/06)

4. FEI Number 62-1088163	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  OSWALD, KENNETH ESQ. 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name <u>OSWALD, KENNETH ESQ</u> Street Address (P.O. Box Number is Not Acceptable) <u>222 S. WESTMONTE DRIVE</u> City <u>ALTAMONTE SPRGS</u> FL Zip Code <u>32714</u>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SHARPE, WILLIAM M JR.	CITY- ST- ZIP	500119851455
STREET ADDRESS	7310 THREE CHOPT ROAD		03/10/08--01064--012 **500.00
CITY- ST- ZIP	RICHMOND, VA 23226		
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STREET ADDRESS			
CITY- ST- ZIP			

14. I hereby certify that the information supplied with this filing 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: William M. Sharpe Jr. WILLIAM M. SHARPE JR. 03-04-08 804-769-8820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE