FILED M

2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006		Jan 31, 2006 08:00 A Secretary of State		
DOCUMENT # A18623 1. Entity Name HELOW PROPERTIES, LTD.			XI Etai y	oi state
Principal Place of Business - Mailing Address 8118 SUMMIT RIDGE LANE - 8718 SUMMIT RIDGE LANE JACKSONVILLE, FL 32256 - JACKSONVILLE, FL 32256				
DO NOT WRITE IN THIS SPACE		01032006 No Chg-LF	CR2E0	03 (11/05) Applied For
	. •	59-2475838	-	Not Applicable
		5. Certificate of Status De		\$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent	-			
HELOW, GEORGE A. 8118 SUMMIT RIDGE LANE		DO NOT	WRITE	
JACKSONVILLE, FL 32256		IN THIS	SPACE	
 The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent. 	red office or register	red agent, or both, in the Sta	te of Florida. I am f	familiar with, and accep
SIGNATURE				
Signature, typed or printed name of registered agent and atte if applicable FILE NOWIJI FEE IS \$500.00			DATE	
After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY!	MUST BE REGIS	 TERED AND ACTIVE W	TH THIS OFFICE	<u> </u>
NOTE: General Partners MAY NOT be changed on the form 12. GENERAL PARTNER INFORMATION	n; an amendmer	nt must be filed to chan	ge a general par	tner.
DOCUMENT / H:34598 MARIAN SERVICES, INC. STREET ADDRESS 8118 SUMMIT RIDGE LANE CITY-ST-ZIP JACKSONVILLE, FL				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			0000041188 0706-80025	8 -013 500.00
DOCUMENT # NAME				
STREET ADDRESS CITY - ST-ZIP		DO NOT		
DOCUMENT #		IN THIS	SPACE	
NAME STREET ACIONESS				
CITY-ST-ZIP DOCUMENT 5				
NAAK: Stiket address				
CITY-ST-ZIP				
DICUMENT #				

14. It 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 820, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

STORATURE AND TYPED OF PRINTED NAME OF STORING GENERAL PARTNER