

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

**DOCUMENT # A22687**

1. Entity Name  
**HONTOON LANDING MARINA LIMITED PARTNERSHIP**



Principal Place of Business  
**2317 RIVER RIDGE ROAD  
 DELAND, FL 32720**

Mailing Address  
**2317 RIVER RIDGE ROAD  
 DELAND, FL 32720**

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

01182008

Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-2683611**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOMBERG, APRIL  
 32444 RANCHERO ROAD  
 DELAND, FL 32720**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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 # **P94000092974**  
 NAME **HONTOON MANAGEMENT CORPORATION**  
 STREET ADDRESS **1300 CARDINER LANE, SUITE 9**  
 CITY-ST-ZIP **LOUISVILLE, KY 40243**

STREET ADDRESS **5400 Random Way**  
 CITY-ST-ZIP **Louisville, KY 40202**

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

**600116634366**  
**02/01/08--01004--004 \*\*500.00**

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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

**WILLIAM A. MOTSCH, UPOF GEN'L PTR.**

**SIGNATURE: William A. Motsch**

**1-18-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

**FILED**

**08 JAN 30 PM 4:03**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

