


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A25930 1. Entity Name HIAWASSEE PROPERTIES, LTD.	
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Principal Place of Business 506 N. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168	Mailing Address PO BOX 1685 NEW SMYRNA BEACH, FL 32170-1685 US
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DO NOT WRITE IN THIS SPACE

FILED
06 MAY -1 PM 1:32
TALLAHASSEE FLORIDA
SECRETARY OF STATE
TALLAHASSEE FLORIDA



04242006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

59-2878153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006, 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	EVANS, JERRY C. P.O. BOX 1685 NEW SMYRNA BEACH, FL 321701685
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05/16/06--01026--008 **500.00

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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:  **4/24/06** **386-423-8884**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER **JERRY C. EVANS** Date Daytime Phone #