


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A25930 1. Entity Name HIAWASSEE PROPERTIES, LTD.	
--	---

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
---	--

FILED
07 MAY 18 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01222007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2878153	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____

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

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME
STREET ADDRESS	EVANS, JERRY C.
CITY - ST - ZIP	P.O. BOX 1685 NEW SMYRNA BEACH, FL 321701685

DOCUMENT #	NAME
STREET ADDRESS	
CITY - ST - ZIP	

DOCUMENT #	NAME
STREET ADDRESS	
CITY - ST - ZIP	

DOCUMENT #	NAME
STREET ADDRESS	
CITY - ST - ZIP	

DOCUMENT #	NAME
STREET ADDRESS	
CITY - ST - ZIP	

DOCUMENT #	NAME
STREET ADDRESS	
CITY - ST - ZIP	

PA

700103606377
05/31/07--01025--004 **500.00

**DO NOT WRITE
IN THIS SPACE**

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: By:

Jerry C. Evans

386-423-8884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE