2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

COCUMENT # A31026

| DOCUMENT # A31026   |   |  |                |  |            |  | FILE                                       |                                       |                                    |   |  |
|---|---|--|----------------|--|------------|--|--|---------------------------------------|------------------------------------|---|--|
| Entity Name     THE H.L.O.T. FAMILY LIMITED PARTNERSHIP   |   |  |                |  |            |  | 2005 APR -6 -PH-4:-37                      |                                       |                                    |   |  |
|   |   |  |                |  |            |  | DIVIDION OF CORPORATIONS                   |                                       |                                    |   |  |
| ľ   | '   |  |                | iling Address  |            | TALLAHASSEE, FLORIDA                               |  |                                       | ORIDA                              |   |  |
| 4229 HIGHWAY 90<br>Pace, FL 32571   |   |  |                | 4229 HIGHWAY 90<br>Pace, Fl. 32571   |            |  |  |                                       | -                                  |   |  |
|   |   |  |                |  |            |  | <br>                                       |                                       |                                    | 81811 B1811 B1811811 81 1886                          |  |
| 2. Principal P  | 2. Principal Place of Business 3.   |  |                | . Mailing Address  |            |  |  |                                       |                                    |   |  |
| Suite, Apt.   | Suite, Apt. #, etc.   |  |                | Suite, Apt. #, etc.  |            |  | 03282005                                   | Chg-LP                                | CR2E0                              | 03 (10/03)  |  |
| City & State  | City & State  |  |                | City & State   |            |  | 4. FEI Number 59-30411                     | 196                                   |                                    | Applied For Not Applicable                            |  |
| Žip   |   | Country                                | Ž              | Zip.   | Coun       | ltry   | 5. Certificate of                          | Status Desired                        |                                    | \$8.75 Additional<br>ee Required                      |  |
|   | 6. Name   | and Address of Cu                      | rrent Regist   | ered Agent   |            | Name   | 7. Name and A                              | ddress of New F                       | Registered A                       | gent  |  |
|   | HENRY, EDWIN  |  |                |  |            |  |  |                                       |                                    |   |  |
| 4229 HIGHWAY 90<br>PACE, FL 32571   |   |  |                |  |            | Street Address (P.O. Box Number is Not Acceptable) |  |                                       |                                    |   |  |
|   |   |  |                |  |            |  |  |                                       | Zip Code                           |   |  |
|   | The above named entity submits this statement for the purpose of changing its reg |  |                |  |            |  |  |                                       | FL                                 | <u> </u>  |  |
|   | named entity<br>ions of registe   |  | ient for the p | urpose of changing its   | s register | ea office or registe                               | red agent, or both,                        | in the State of Fi                    | orida. Tam t                       | amiliar with, and accept                              |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable.                                   |   |  |                |  |            |  |  |                                       |                                    |   |  |
| 9. Capital Contributions as Shown on record. \$43,012.50  10. Amount of Capital Contributions in FLORIDA to date. 43,0316 |   |  |                |  |            |  | 2. 5 <sup>0</sup>                          |                                       |                                    |   |  |
|   |   |  |                | IS A BUSINESS ENT be changed on t  |            |  |  |                                       |                                    |   |  |
| 12.   |   | GENERAL PAR                            |                |  | 13.        |  |  | ADDRESS CH                            |                                    |   |  |
| DOCUMENT #  |   |  |                |  |            | EET ADDRESS  |  |                                       |                                    |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | STREET ADDRESS 4229 HIGHWAY 90  |  |                |  | CITY       | '-ST-ZIP   |  |                                       |                                    | <del></del>   |  |
| DOCUMENT #  |   |  |                |  | STR        | EET ADORESS  |  |                                       |                                    |   |  |
| STREET ADDRESS  — CITY-SI-ZIP   |   |  |                |  | CITY       | '-ST- ZIP  |  |                                       | ATTENDATES ATTO                    |   |  |
| DOCUMENT *  |   |  |                |  | STR        | FFT ADDRESS.                                       |  | <del>10052</del><br>4050100           |                                    | = <del>1 4 .=</del> i<br>**389: <i>6</i> 2            |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |  |                |  | CITY       | -ST-ZIP  |  | -                                     |                                    |   |  |
| DOCUMENT *  |   |  |                | -  | SIR        | EET ADDRESS  |  |                                       |                                    |   |  |
| STREET ADDRESS CITY-ST-ZIP  |   |  |                |  | CITY       | -ST-ZIP  |  |                                       |                                    |   |  |
| DOCUMENT A NAME STREET ADDRESS  |   |  |                |  | STR        | EET ADDRESS  |  |                                       |                                    |   |  |
|   |   |  |                |  | CITY       | -ST-ZIP  |  |                                       |                                    |   |  |
| DOCUMENT #  |   |  |                |  | STR        | EET ADDRESS  |  |                                       |                                    |   |  |
| STREET ADDRESS<br>CITY-SI-ZIP   | ļ   |  |                |  |            | '-ST-ZIP   | <u>-</u>                                   |                                       |                                    |   |  |
| indicated   | l on this report  | is true and accura                     | te and that m  | ling does not qualify for<br>my signature shall have<br>int as required by Cha | e the sam  | e legal effect as if                               | ection 119.07(3)(i),<br>made under oath; t | Florida Statutes.<br>hat I am a Gener | . I further cert<br>ral Partner of | ify that the information<br>the limited partnership o |  |
| SIGNAT  | URF.  | `\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | W              | ~~~  |            |  | 9  | 3/05                                  |                                    |   |  |
|   | J. 1  | SIGNATURE AND TY                       | PED OR PRINTE  | D NAME OF SIGNING GENER  | RAL PARTN  | ER   |  | Date                                  | D.                                 | aytime Phone #  |  |