


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A31270			
1. Entity Name THE HOUR GLASS OF ALBANY, LTD.			
Principal Place of Business 1480 TIMBERLANE ROAD TALLAHASSEE FL 32312		Mailing Address 1480 TIMBERLANE ROAD TALLAHASSEE FL 32312	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:24



[Handwritten Signature]

1st MOORE CR2E003 (10/05)

4. FEI Number 59-2888962		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STEPHENS, JAMES A. 1415 TIMBERLANE ROAD TALLAHASSEE FL 32312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	K07801 HOUR GLASS MGMT., INC. 1415 TIMBERLANE ROAD TALLAHASSEE FL	STREET ADDRESS CITY-ST-ZIP	1480 Timberlane Road Tallahassee, FL. 32312-1713
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: *[Handwritten Signature]* 4/7/06 *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #