
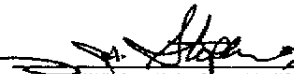


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 28, 2007 08:00 AM
Secretary of State

| | | | |
|--|---|--|--|
| 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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | |
| 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 | | 1st MOORE CR2E003 (10/06) | |
| 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 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | DATE 04/04/07-80056-004 500.00 | |
| FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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. 1480 TIMBERLANE ROAD TALLAHASSEE FL 32312-1713 | STREET ADDRESS CITY - ST - ZIP | |
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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:  JA Stephens, O.D. | | 3/27/07 850 893 4005 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | <small>Date Daytime Phone #</small> | |

STAPLE CHECK HERE