2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A94000000088

HAMILTON MANAGEMENT COMPANY, LTD.



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAR 17 AM 10: 21

Principal Place of Business

Mailing Address

FOZO N. OCEAN BLVD., #17A DIVIERA BEACH, EL 22404

800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401

805 HARBOUR ISLES PLACE NORTHPACM BEACH, FC 33410



DO NOT WRITE IN THIS SPACE

01132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0484735

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, HARRY S

HAMILTON, HARRY'S 6070 N. GOEAN BLVD., HITA BOS HARBOUR ISLES RIVIERA BEAGH, FL 33404 PLACE

NORTH PALM BEACH, FL.

DO	NOT	WRITE
IN	THIS	SPACE

 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 talle if applicable.	DATE				
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. form; an amendment must be filed to change a general partner.

	NOTE: General Partners MAY NOT be changed on th			
	12.	GENERAL PARTNER INFORMATION		
	DOCUMENT #	P94000001305		
STAPLE CHECK HERE	NAME	HLH ENTERPRISES, INC.		
	STREET ADDRESS	SUTURN DECEMBER OF THE STATE OF PLACE		
	CITY-ST-ZIP	RIVIERA BEACH, FL 35404		
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	NORTH PREMIERABLACH, FL 33410		
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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:

NAME STHE ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING GENERAL PARTNER