


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # A94000001318                                |  |
| 1. Entity Name<br>THE HIBBS FAMILY LIMITED PARTNERSHIP |   |

|   |   |
|---|---|
| Principal Place of Business<br>4131 N. RIVER VIEW AVE.<br>TAMPA, FL 33609 | Mailing Address<br>4131 N. RIVER VIEW AVE.<br>TAMPA, FL 33609 |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



04122005 Chg-LP CR2E003 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3273157                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>HIBBS, SAMUEL JR.<br>4131 N. RIVER VIEW AVE.<br>TAMPA, FL 33609 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

|   |  |
|---|--|
| 9. Capital Contributions as Shown on record, \$950,000.00 | 10. Amount of Capital Contributions in FLORIDA to date, \$950,000.00 |
|---|--|

**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 |                         | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|-------------------------|--------------------------|--|
| DOCUMENT #                      | HIBBS, SAMUEL G JR      | STREET ADDRESS           |  |
| NAME                            | 4131 N. RIVER VIEW AVE. | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | TAMPA, FL 33609         |                          |  |
| CITY-ST-ZIP                     |                         |                          |  |
| DOCUMENT #                      |                         | STREET ADDRESS           |  |
| NAME                            |                         | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                         |                          |  |
| CITY-ST-ZIP                     |                         |                          |  |
| DOCUMENT #                      |                         | STREET ADDRESS           |  |
| NAME                            |                         | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                         |                          |  |
| CITY-ST-ZIP                     |                         |                          |  |
| DOCUMENT #                      |                         | STREET ADDRESS           |  |
| NAME                            |                         | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                         |                          |  |
| CITY-ST-ZIP                     |                         |                          |  |
| DOCUMENT #                      |                         | STREET ADDRESS           |  |
| NAME                            |                         | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                         |                          |  |
| CITY-ST-ZIP                     |                         |                          |  |

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04/30/05-80056-015-526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Samuel G. Hibbs Jr. G.P. 4/18/05 813-348-9172  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SAMUEL G. HIBBS JR. G.P.

STAPLE CHECK HERE