


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A94000001318 1. Entity Name THE HIBBS FAMILY LIMITED PARTNERSHIP	
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FILED

2007 APR 23 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4131 N. RIVER VIEW AVE. TAMPA, FL 33609	Mailing Address 4131 N. RIVER VIEW AVE. TAMPA, FL 33609
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 33607 Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip 33607 Country
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02122007	Chg-LP
CR2E003 (12/06)	
4. FEI Number 59-3273157	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 HIBBS, SAMUEL JR. 4131 N. RIVER VIEW AVE. TAMPA, FL 33609	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33607	
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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 \$500.00
After May 1, 2007, Fee will be \$900.00

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	33607
STREET ADDRESS	TAMPA, FL 33609		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200101351022
STREET ADDRESS			05/03/07--01017--005 **\$00.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Samuel G. Hibbs Jr.* **G.P. Samuel G. Hibbs Jr** **4/9/07** **813-348-9172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE