

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A94000001439**

1. Entity Name  
**HOBE SOUND S.C. COMPANY, LTD.**



Principal Place of Business  
**925 SOUTH FEDERAL HWY  
SUITE 425  
BOCA RATON, FL 33432**

Mailing Address  
**P.O. BOX 11229  
KNOXVILLE, TN 37939**



02062007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0530035**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CLIFFORD L. WALTERS  
802 11TH STREET WEST  
BRADENTON, FL 34205**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**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**

DOCUMENT # **625859**  
NAME **WEST INVESTMENT COMPANY, INC.**  
STREET ADDRESS **925 SOUTH FEDERAL HWY SUITE 425**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

DOCUMENT # **G66829**  
NAME **TAMNOR CORPORATION**  
STREET ADDRESS **60 EAST 42ND STREET, 55TH FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10165**

DOCUMENT # **G66830**  
NAME **NORTAM CORPORATION**  
STREET ADDRESS **60 EAST 42ND STREET, 55TH FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10165**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

**Steven Levin, Secretary** 2/14/07 (561) 948-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

STAPLE CHECK HERE