
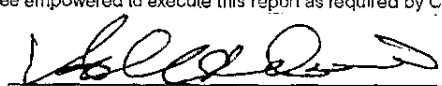


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

| | | | |
|---|-------------------------------|---|----------------------------------|
| DOCUMENT # A94000001714 | |  | |
| 1. Entity Name HHD PARTNERS, LTD. | | | |
| Principal Place of Business 155 E. INTERLAKE BLVD. LAKE PLACID FL 33852 | | Mailing Address POST OFFICE BOX 698 LAKE PLACID FL 33862 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0544154 | | 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 DAVIS, HAYWARD H 155 E. INTERLAKE BLVD. LAKE PLACID FL 33852 | | 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 | | 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable | | DATE | |
| 9. Capital Contributions as Shown on record. \$260,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. 260,000.00 | |
| 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 # | NAME | STREET ADDRESS | |
| NAME | DAVIS, HAYWARD H | CITY- ST- ZIP | |
| STREET ADDRESS | 155 E. INTERLAKE BLVD. | | UN00000202490 |
| CITY- ST- ZIP | LAKE PLACID FL 33852 | | 01/28/05-80113-007 526.25 |
| DOCUMENT # | NAME | STREET ADDRESS | |
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| STREET ADDRESS | | CITY- ST- ZIP | |
| CITY- ST- ZIP | | | |
| 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:  | | Hayward H. Davis General Partner 01/20/2005 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Date Name Phone # | |



1ST MOORE CR2E003 (10/04)

STAPLE CHECK HERE