

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A94000001727

1. Entity Name
HOBE AFFILIATES PARTNERSHIP, LTD.



FILED
Apr 18, 2005 08:00 AM
Secretary of State

Principal Place of Business
21301 POWERLINE ROAD #312
BOCA RATON, FL 33433

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



2. Principal Place of Business

3. Mailing Address

02252005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3285613

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

DATE

9. Capital Contributions
 as Shown on record. **\$195,802.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

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 # **625859**
 NAME **WEST INVESTMENT COMPANY, INC.**
 STREET ADDRESS **1733 W. FLETCHER AVE**
 CITY-ST-ZIP **TAMPA, FL 33612**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

West Investment Company, Inc.
Steven Heavin, Secretary

3/21/05
 Date

Daytime Phone #