

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 10 AM 10:31

DOCUMENT # A94000001727 1. Entity Name HOBE AFFILIATES PARTNERSHIP, LTD.					
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 925 South Federal Highway Suite, Apt. #, etc. Suite 425 City & State Boca Raton, FL		3. Mailing Address Suite, Apt. #, etc. City & State		03092006 Chg-LP CR2E003 (11/05)	
Zip 33432		Country		4. FEI Number 59-3285613	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent WALTERS, CLIFFORD L 802 11TH STREET WEST BRADENTON, FL 34205			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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 # 625859 NAME WEST INVESTMENT COMPANY, INC. STREET ADDRESS 1733 W. FLETCHER AVE CITY-ST-ZIP TAMPA, FL 33612			STREET ADDRESS 925 South Federal Highway, Suite 425 CITY-ST-ZIP Boca Raton, FL 33432		
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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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Steven Levin, Secretary 3/13/06 (561) 948-7100 <small>Date Daytime Phone #</small>		

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