

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 29 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000000053

1. Entity Name
HBR ASSOCIATES, LTD.



Principal Place of Business
~~423 S. KELLER ROAD, #201~~
~~ORLANDO, FL 32810~~

Mailing Address
~~423 S. KELLER ROAD, #201~~
~~ORLANDO, FL 32810~~

2. Principal Place of Business
1151 N. ORANGE AVE
Suite, Apt. #, etc.

3. Mailing Address
1151 N. ORANGE AVE
Suite, Apt. #, etc.

City & State
WINTER PARK, FL
Zip 32789 Country USA

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WINTER PARK, FL
Zip 32789 Country USA

04192005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3289905

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEFKOWITZ, HOWARD B
~~423 S. KELLER ROAD, #201~~
~~ORLANDO, FL 32810~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1151 N. ORANGE AVE
City WINTER PARK FL Zip Code 32789

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. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,000.00

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

DOCUMENT # P94000049817
NAME L.H. DOYLE, INC.
STREET ADDRESS ~~423 S. KELLER ROAD, #201~~
CITY - ST - ZIP ~~ORLANDO, FL 32810~~

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1151 N. ORANGE AVE
CITY - ST - ZIP WINTER PARK, FL 32789

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HOWARD B. LEFKOWITZ

4/19/05 407-667-8989

Date Daytime Phone #

STAPLE CHECK HERE