


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 AUG -8 AM 10:53

**DOCUMENT # A9500000200**  
 1. Entry Name  
**TRAILS ASSOCIATES LIMITED PARTNERSHIP**



Principal Place of Business  
**2 GILLON ST., SUITE A  
 CHARLESTON, SC 29401**

Mailing Address  
**2 GILLON ST., SUITE A  
 CHARLESTON, SC 29401**

2. Principal Place of Business  
 Suite, Apt. # etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. # etc.  
 City & State  
 Zip

Country

07062005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3289032**

Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent  
**MENEGAR, CRAIG A ESQ.  
 C/O WINDERWEEDLE, HAINES, ET AL  
 250 PARK AVENUE SOUTH, 5TH FLOOR  
 WINTER PARK, FL 32790-0880**

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 \_\_\_\_\_  
(Signature, typed or printed name of registrant agent, starting with profession)

300058536653  
 08/12/05 01062 016 \*\*141.25

9. Capital Contributions as shown on record: **\$99.00**

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

|                |                        |
|----------------|------------------------|
| DOCUMENT #     | F93000004313           |
| NAME           | HPI PARTNERS III, INC. |
| STREET ADDRESS | 2 GILLON ST., SUITE A  |
| CITY-ST-ZIP    | CHARLESTON, SC 29401   |
| DOCUMENT #     |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| DOCUMENT #     |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| DOCUMENT #     |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| DOCUMENT #     |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

13. ADDRESS CHANGES ONLY

|                |  |
|----------------|--|
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| STREET ADDRESS |  |
| 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)(d) 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 of the receiver or trustee and to do so is required by Chapter 620, Florida Statutes.

**SIGNATURE:** *Ed W. Hawley* 7/7/05 843-853-6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone

2005-08-12 10:53 AM