


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR 24 AM 10:24

**DOCUMENT # A9500000200**

1. Entity 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

04062006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 59-3289032

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

Applied For  
 Not Applicable



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  
 WHWW, INC.

Street Address (P.O. Box Number is Not Acceptable)  
 390 N. ORANGE AVE., SUITE 1500

City  
 ORLANDO

FL Zip Code  
 32801

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 *By: Debbie Fricke, VP* DEBBIE FRICKE 4/6/06  
 Signature, typed or printed name of registered agent and title if applicable. VP DATE

**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	
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 #	
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DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

700074081187  
 05/05/06--01049--007 \*\*500.00

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: *Car W. Priddy* 4.14.06 843.853.6311  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE