### 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

#### DOCUMENT # A95000000200

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 FILED

2007 APR -3 AM II: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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01232007 No Chg-LP

CR2E003 (12/06)

Applied For 4. FEI Number 59-3289032 Not Applicable \$8.75 Additional 5. Certificate of Status Desired  $\boxtimes$ Fee Required

6. Name and Address of Current Registered Agent

WHWW INC 390 N ORANGE AVE **SUITE 1500** ORLANDO, FL 32801

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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
	(PA)

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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.

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1	12.	GENERAL PARTNER INFORMATION		
	DOCUMENT #	F93000004313		
STAPLE CHECK HERE	NAME	HPI PARTNERS III, INC.		
	STREET ADDRESS	2 GILLON ST., SUITE A		
	CITY-ST-ZIP	CHARLESTON, SC 29401		
	DOCUMENT #			
	NAME			
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ST/	NAME			

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supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 partnershiped to exacute this report acceptance by Chapter 620, Florida Statutes 14. I hereby certify that the information indicated on this report is true or the receiver or try

SIGNATURE:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP