

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 23 AM 11:03

DOCUMENT # A95000001251

1. Entity Name
 H. B. ASSOCIATES OF THE TREASURE COAST, LTD.



Principal Place of Business
 3766 SE OCEAN BLVD., SUITE 102
 STUART, FL 34996

Mailing Address
 3766 SE OCEAN BLVD., SUITE 102
 STUART, FL 34996

600125278616
 04/23/08--01017--007 **500.00



2. Principal Place of Business - No P.O. Box #
 3766 SE Ocean Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
 3766 SE Ocean Blvd.
 Suite, Apt. #, etc.

04082008 Chg-LP CR2E003 (12/06)

City & State
 Stuart, FL
 Zip 34996 Country USA

City & State
 Stuart, FL
 Zip 34996 Country USA

4. FEI Number
 65-0603776
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, WM. FRED
 3766 SE OCEAN BLVD, SUITE 102
 STUART, FL 34996

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #	P95000057313
NAME	JUL-JAC, INC.
STREET ADDRESS	3766 SE OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34996
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 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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4/20/08 Daytime Phone # 722-2300

STAPLE CHECK HERE