


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # A95000001488 1. Entity Name HUB WAREHOUSE PROPERTIES, LTD.	
--	---

Principal Place of Business 6730 EPPING FOREST WAY NORTH #107 JACKSONVILLE, FL 32217	Mailing Address 6730 EPPING FOREST WAY NORTH #107 JACKSONVILLE, FL 32217
--	--

DO NOT WRITE IN THIS SPACE



01192008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3339844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLAK, LEWIS B SR
 6730 EPPING FOREST WAY, N. #107
 PENSACOLA, FL 32507

DO NOT WRITE IN THIS SPACE

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: 2/27/08

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

000000847399
 03/19/08-80018-013 500.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000075958 LBP WAREHOUSE MANAGEMENT, INC. 6730 EPPING FOREST WAY NORTH #107 JACKSONVILLE, FL 32217
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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Lewis B. Podak DATE: 2/21/08 Daytime Phone #: 907323045

STAPLE CHECK HERE