2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

DOCUMENT # A95000001741

1. Entity Name H.B. RIGS, LTD.



Principal Place of Business

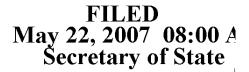
8700 NORTH KENDALL DR.

STE. 102 MIAMI, FL 33176 Mailing Address

8700 NORTH KENDALL DR.

STE. 102

MIAMI, FL 33176





DO NOT WRITE IN THIS SPACE

05142007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0620806

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, GEORGE A 8700 NORTH KENDALL DR. STE. 102 MIAMI, FL 33176

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.	
CIONATUDE	

FILE NOW!!! FEE IS \$500.00 Due by September 14, 2007

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

DATE

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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.

1	NOTE. General Partners MAT NOT be changed on the		
	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT #	P95000087560	
ļ	NAME	H.B. RIGS, INC.	
ĺ	STREET ADDRESS	8700 NORTH KENDALL DR., STE. 102	
	CITY-ST-ZIP	MIAMI, FL 33176	
ſ	DOCUMENT /		
1	NAME		
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١	STREET ADDRESS		

U00000764911 05/31/07-80017-003 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

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

Daytme Phone #