


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

**FILED**

**06 MAY -1 AM 8:43**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT #A96000000078</b>		
1. Entity Name H & V PROPERTIES, LTD.		

Principal Place of Business 2640 E. OLIVE RD. PENSACOLA, FL 32514	Mailing Address 11 AUTUMN RIDGE HATTIESBURG, MS 39402
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2. Principal Place of Business <b>11 AUTUMN RIDGE</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HATTIESBURG, MS</b>	City & State
Zip <b>39402</b>	Country



04192006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3348422	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  VINES, CHARLES GERALD 2640 E OLIVE RD PENSACOLA, FL 32514	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000080650 H & V PROPERTIES, INC. 11 AUTUMN RIDGE HATTIESBURG, MS 39402	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>900075013409</b> <b>05/22/06--01008--009 **500.00</b>
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**A-28-06** **601 520 4884**

Date Daytime Phone #

STAPLE CHECK HERE