2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 12, 2008 **DOCUMENT # A96000000078 FILED** Sep 03, 2008 08:00 AM Secretary of State H & V PROPERTIES, LTD. Principal Place of Business Mailing Address 11 AUTUM RIDGE 11 AUTUMN RIDGE HATTIESBURG, MS 39402 HATTIESBURG, MS 39402 09022008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3348422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VINES, CHARLES GERALD DO NOT WRITE 2640 E OLIVE RD PENSACOLA, FL 32514 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE 18 \$900.00 On or after September 12, 2008, Fee will be \$1000.00 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. GENERAL PARTNER INFORMATION 12 P95000080650 DOCUMENT # H & V PROPERTIES, INC. NAME STREET ADDRESS 11 AUTUMN RIDGE U000000958893 CITY-ST-ZIP HATTIESBURG, MS 39402 09/03/08-80008-003 908.75 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT 4 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

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 shalf 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:

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #