


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 12 AM 9:42

DOCUMENT # A9600000563					
1. Entity Name HRH-1 LIMITED PARTNERSHIP					
Principal Place of Business 102 EAST FRONT STREET TRAVERSE CITY, MI 49684			Mailing Address P.O. BOX 946 RAVERSE CITY, MI 49685-0946		
2. Principal Place of Business 123 1/2 E. Front Street		3. Mailing Address P.O. Box 946			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Traverse City, MI		City & State Traverse City, MI		4. FEI Number 38-3293033	
Zip 49684	Country USA	Zip 49685-0946	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAY, DAVID L 11060 CARAVEL CIRCLE UNIT #301 FT. MYERS, FL 33908-3876			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$800,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$800,000.00		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.					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	S63391			STREET ADDRESS	
NAME	THE GREAT NORTH SOUTH CORPORATION			CITY-ST-ZIP	800057767968
STREET ADDRESS	123 1/2 EAST FRONT STREET				07/22/05--01003--010 **526.25
CITY-ST-ZIP	TRAVERSE CITY, MI 49684				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the receiver or trustee empowered to receive the report as required by Chapter 620, Florida Statutes.

STAPLE CHECK HERE

David L Gray

7-4-05

231-3265563