


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**  
 MAR 8 2006  
 TALLAHASSEE

<b>DOCUMENT # A96000000563</b>			
1. Entity Name HRH-1 LIMITED PARTNERSHIP			
Principal Place of Business 123 1/2 E/FRPMT STREET TRAVERSE CITY MI 49684		Mailing Address P.O. BOX 946 TRAVERSE CITY MI 49685-0946	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/05)

4. FEI Number **38-3293033** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAY, DAVID L**  
**11060 CARAVEL CIRCLE**  
**UNIT #301**  
**FT. MYERS FL 33908-3876**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	U00000484417
NAME	THE GREAT NORTH SOUTH CORPORATION	CITY-ST-ZIP	04712706-80041-005 500.00
STREET ADDRESS	123 1/2 EAST FRONT STREET	STREET ADDRESS	
CITY-ST-ZIP	TRAVERSE CITY MI 49684	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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:**  **March 27, 2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER (231) 929-4466  
Daytime Phone #