

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000001127**

1. Entity Name  
**HOBE SOUND LAND COMPANY, LTD.**



Principal Place of Business  
**11844 S.E. DIXIE HIGHWAY, STE. C**  
**HOBE SOUND, FL 33455**

Mailing Address  
**11844 S.E. DIXIE HIGHWAY, STE. C**  
**HOBE SOUND, FL 33455**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192005

Chg-LP

CR2E003 (10/03)

4. FEI Number

**65-0682034**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOBE SOUND LAND COMPANY, INC.**  
**11844 S.E. DIXIE HIGHWAY, STE. C**  
**HOBE SOUND, FL 33455**

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

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

DATE

9. Capital Contributions as Shown on record.

**\$5,350,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

*Amount Due:*  
**526.25**

**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 # **P96000051051**  
NAME **HOBE SOUND LAND COMPANY, INC.**  
STREET ADDRESS **11844 S.E. DIXIE HIGHWAY, #C**  
CITY- ST- ZIP **HOBE SOUND, FL 33455**

STREET ADDRESS

CITY- ST- ZIP

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**U00000367250**  
**05/16/05-80028-005 526.25**

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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Cynthia Foley, Sect.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**5/3/05 772-546-2666**  
Date Daytime Phone #

STAPLE CHECK HERE