


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001545</b>					
<b>1. Entity Name</b> HOVEY GROUP, LTD.					
<b>Principal Place of Business</b> 454 DELANEY AVENUE STE 3 ORLANDO FL 32801			<b>Mailing Address</b> 454 DELANEY AVENUE STE 3 ORLANDO FL 32801		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3398164	
				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  LEFFLER, TIM 545 DELANEY AVE BLDG 3 ORLANDO FL 32801				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number Is Not Acceptable)  City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>9. Capital Contributions as Shown on record.</b> \$280,000.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P96000068935		STREET ADDRESS		
NAME	HOVEY INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	545 DELANEY AVE, BLDG 9				
CITY-ST-ZIP	ORLANDO FL 32801				
DOCUMENT #			STREET ADDRESS	U00000345210	
NAME			CITY-ST-ZIP	04/30/05-80027-013 526.25	
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					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					

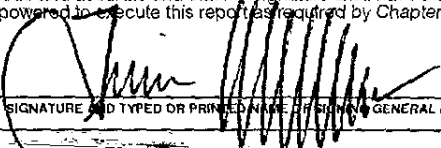


1ST MOORE CR2E003 (10/04)

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:**



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-19-05

407-839-5514

Date

Daytime Phone #

STAPLE CHECK HERE