

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 PM 1:58

DOCUMENT # A96000001545

1. Entity Name
 HOVEY GROUP, LTD.



Principal Place of Business
 545 DELANEY AVE
 SUITE 3
 ORLANDO, FL 32801

Mailing Address
 545 DELANEY AVE
 SUITE 3
 ORLANDO, FL 32801



2. Principal Place of Business - No P.O. Box #
 545 DELANEY AVE
 Suite, Apt. #, etc.
 Suite 9

3. Mailing Address
 545 DELANEY AVE
 Suite, Apt. #, etc.
 Suite 9

City & State
 Orlando, Florida

City & State
 Orlando, Florida

Zip
 32801

Country
 U.S.A.

Zip
 32801

Country
 U.S.A.

03032008 Chg-LP CR2E003 (12/06)

4. FEI Number
 59-3398164

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEFFLER, TIM
 545 DELANEY AVE
 BLDG 9
 ORLANDO, FL 32801

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

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

300123196683
 04/14/08--01003--016 **\$500.00

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P96000068935
 NAME HOVEY INVESTMENTS, INC.
 STREET ADDRESS 545 DELANEY AVE, BLDG 9
 CITY-ST-ZIP ORLANDO, FL 32801

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
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 CITY-ST-ZIP

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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #