## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED
14 May 06, 2005 08:00 AN
Secretary of State DUE BY MAY 1, 2005

DOCUMENT # A96000001563 1. Entity Name HUBCO LIMITED PARTNERSHIP Mailing Address Principal Place of Business 1901 HANSEN STREET SARASOTA FL 34231 1901 HANSEN STREET SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FFI Number Applied For 65-0693942 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEAR, JUDITH ANN Street Address (P.O. Box Number is Not Acceptable) 1901 HANSEN STREET SARASOTA FL 34240 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or primited name of registered egent and title if applicable DATE . See Block 11 instructions for fee info. 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. DOCUMENT & L96000000851 STREET ADDRESS HUBCO, L.C. NAME STREET ADDRESS 27 FLETCHER AVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34237 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ÇOCUMENT ≢ STREET ADDRESS NAME STREET AMORESS CHY-SI-ZIP CITY-ST-ZIP DOCUMEN! 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-SL-76 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 execute this report as required by Chapter 620, Florida Statutes

Daytime Phone #