

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000001861**

1. Entity Name  
**HUNTERS RIDGE APARTMENTS, LTD.**



Principal Place of Business  
**9400 RIVER CROSSING BLVD  
SUITE 102  
NEW PORT RICHEY, FL 34655**

Mailing Address  
**9400 RIVER CROSSING BLVD  
SUITE 102  
NEW PORT RICHEY, FL 34655**



01062008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3404468**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DEEB, ALEX R  
9400 RIVER CROSSING BLVD  
SUITE 102  
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!! FEE IS \$300.00  
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 # **K47763**  
NAME **TRI COUNTY DEVELOPMENT, INC.**  
STREET ADDRESS **9400 RIVER CROSSING BLVD SUITE 102**  
CITY - ST - ZIP **NEW PORT RICHEY, FL 34655**

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000000824895  
02/20/08-80097-012-508.75

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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 #

*Alex R Deeb, President - Tri County Development, Inc GP*

*1-31-08 727-376-6831*

STAPLE CHECK HERE