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2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A96000002062 FILED 1. Entity Name HM WILLIAMS PROPERTIES LTD. 07 MAY - 1 AM 9: 35 Principal Place of Business Mailing Address SECRETARY OF STAFE C/O JACK W. TODD, CPA C/O JACK W. TODD, CPA TALLAHASSEE, FLORIDA 217 EAST PERSHING ST. 217 EAST PERSHING ST. BKTALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 04242007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3411121 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WILLIAMS, KIM B DO NOT WRITE 217 EAST PERSHING STREET TALLAHASSEE, FL 32301 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. 500101618545 SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 # V66123 MARPAN MANAGEMENT INC. STREET ADDRESS 217 E. PERSHING STREET BKCITY-ST-ZIP TALLAHASSEE, FL 32301 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT # STREET ADDRESS

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 opport as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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ATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNI

4/25/07

950-224-9353

Day