

# **2005 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000382

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Entity Name:** THE HITCHENS INVESTMENT LIMITED PARTNERSHIP

**Current Principal Place of Business:**

10127 SUNBURST COURT  
SPRING HILL, FL 34608

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6272  
SPRING HILL, FL 34611

**New Mailing Address:**

**FEI Number:** 59-3411277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HITCHENS, THOMAS C  
10127 SUNBURST COURT  
SPRING HILL, FL 34608 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 1,000.00

**Amount of Capital Contributions in Florida to date:** 1,000.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: HITCHENS, THOMAS C  
Address: 10127 SUNBURST COURT  
City-St-Zip: SPRING HILL, FL 34611

Address:  
City-St-Zip:

Document #:

Name: HITCHENS, DIANE L  
Address: 10127 SUNBURST COURT  
City-St-Zip: SPRING HILL, FL 34611

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** THOMAS C. HITCHENS

GP

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date