2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -3 AM 9:10

DOCUMENT # A97000002858

1. Entity Name
HOGSHEAD INVESTMENT PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
603 S. HERMIT SMITH ROAD PLYMOUTH, FL 32768	P.O. BOX 871 PLYMOUTH, FL 32768

06022005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
6464 SW 21ST COURT ROAD	P. O. BOX 1551
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FLORIDA	City & State: OCALA, FLORIDA
Zip: 34474 Country: USA	Zip: 34478 Country: USA

4. FEI Number: 59-3490052 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOGSHEAD, RODNEY C III 1002 VILLA LANE APOPKA, FL 32712	Name: DOROTHY GIOVANNELLI Street Address (P.O. Box Number is Not Acceptable): 6464 SW 21ST COURT ROAD City: OCALA FL Zip Code: 34474

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: Dorothy Giovannelli 6/2/05 DATE

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$3,050,000.00	$3,050,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	500056403755 06/21/05--01067--006 **526.25
NAME	GEORGIANA HOGSHEAD FAMILY TRUST	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 871		
CITY-ST-ZIP	PLYMOUTH, FL 32768		
DOCUMENT #		STREET ADDRESS	
NAME	DOROTHY ANN GIOVANNELLI FAMILY TRUST	CITY-ST-ZIP	
STREET ADDRESS	6464 S.W. 21ST COURT ROAD		
CITY-ST-ZIP	OCALA, FL 34474		
DOCUMENT #		STREET ADDRESS	
NAME	MARY JO MOORE FAMILY TRUST	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 540503		
CITY-ST-ZIP	ORLANDO, FL 32854		
DOCUMENT #		STREET ADDRESS	
NAME	MOORE, MARY JO	CITY-ST-ZIP	
STREET ADDRESS	635 RUGBY STREET		
CITY-ST-ZIP	ORLANDO, FL 32804		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Dorothy Giovannelli Dorothy Giovannelli 6/2/05 352-237-3519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #