


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016837 AT

<b>DOCUMENT #</b> A98000000012	
<b>1. Entity Name</b> HNS PROPERTIES, LTD.	

**FILED**  
03 APR 17 AM 7:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>Principal Place of Business</b> 520 S DIXIE HWY. STUART FL 34994	<b>Mailing Address</b> 4605 SE WILLIAMS WAY STUART FL 34997
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 65-0804547		Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>
SCANIO, PETER 4605 S.E. WILLIAMS WAY STUART FL 34997

<b>7. Name and Address of New Registered Agent</b>
Name DIANE M. HASKETT
Street Address (P.O. Box Number is Not Acceptable) 4605 SE WILLIAMS WAY
City STUART FL Zip Code 34997

<b>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.</b>	
SIGNATURE <i>Diane M. Haskett</i>	DATE April 12, 2003

<b>9. Capital Contributions</b> as Shown on record. \$387,500.00	<b>10. Amount of Capital Contributions</b> in FLORIDA to date. \$387,500.00	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
<b>DOCUMENT #</b>	L23277
<b>NAME</b>	REGAL SYSTEMS INTERNATIONAL, INC.
<b>STREET ADDRESS</b>	4605 S.E. WILLIAMS WAY
<b>CITY-ST-ZIP</b>	STUART FL 34997
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
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<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

13. ADDRESS CHANGES ONLY	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
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<b>CITY-ST-ZIP</b>	

<b>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</b>
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<b>SIGNATURE:</b> <i>Diane M. Haskett</i>	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</b>	<b>DATE</b> April 12, 2003	<b>Daytime Phone #</b>
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CR2E003 (10/02)

STAPLE CHECK HERE