

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

DOCUMENT # A98000000108

1. Entity Name  
HGL PROPERTIES L.P., LTD.



FILED

2005 FEB -9 PM 4:55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

\_\_\_\_\_

01182005 Chg-LP CR2E003 (10/03)

|               |                |
|---------------|----------------|
| 4. FFI Number | Applied For    |
| 59-3500487    | 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        |    |
| MARK A. REINSCH<br>2700 LAKE SHORE BLVD<br>JACKSONVILLE, FL 32210 |  | Name   |    |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |    |
|   |  |  |    |
|   |  | City   | FL |

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 \_\_\_\_\_

|   |                |  |
|---|----------------|--|
| 9. Capital Contributions<br>as Shown on record. | \$2,100,000.00 | 10. Amount of Capital Contributions<br>in FLORIDA to date. |
|---|----------------|--|

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P98000002697<br>HGL PROPERTIES G.P., INC.<br>8120 NATIONS WAY, #202<br>JACKSONVILLE, FL 32256 | STREET ADDRESS<br><br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br><br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br><br>CITY-ST-ZIP | 200046555752<br>02/15/05--01005--005 **150.00 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br><br>CITY-ST-ZIP | 01/25/05--90030--012--\$376.25                |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br><br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br><br>CITY-ST-ZIP |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 \_\_\_\_\_

Deadtime Phone #