


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A98000000193</b> 1. Entity Name <b>HICKORY GLEN TOWNHOMES, LTD.</b>					
Principal Place of Business <b>5505 N. ATLANTIC AVE., #115</b> <b>COCOA BEACH, FL 32931</b>				Mailing Address <b>5505 N. ATLANTIC AVE., #115</b> <b>COCOA BEACH, FL 32931</b>	
2. Principal Place of Business - No P.O. Box #  		3. Mailing Address  			
Suite, Apt. #, etc. <b># 108</b>		Suite, Apt. #, etc. <b># 108</b>			
City & State  		City & State  			
Zip  		Country  		4. FEI Number <b>59-3495044</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCPHILLIPS, JACQUELINE</b> <b>5505 N. ATLANTIC AVE., #115</b> <b>COCOA BEACH, FL 32931</b>				7. Name and Address of New Registered Agent Name <b>KINCAID, JAMES</b> Street Address (P.O. Box Number is Not Acceptable) <b>5505 N ATLANTIC AVE., #108</b> City <b>COCOA BEACH</b> <b>FL</b> Zip Code <b>32931</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. SIGNATURE <u><i>James Kincaid</i></u> <span style="float: right;">DATE <b>4/20/2007</b></span> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000006050		STREET ADDRESS	5505 N Atlantic Ave.; #108	
NAME	HICKORY GLEN TOWNHOMES, INC.		CITY-ST-ZIP		
STREET ADDRESS	5505 N. ATLANTIC AVE., #115		STREET ADDRESS	<del>400103699794</del>	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	<del>06/01/07 01010-012 **508.75</del>	
DOCUMENT #	N16583		STREET ADDRESS	<del>000103701950</del>	
NAME	THE MEMPHIS AREA COMMUNITY DEVELOPMENT COR		CITY-ST-ZIP	<del>06/01/07--01014--012 **508.75</del>	
STREET ADDRESS	1060 OREGON COURT		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 report as required by Chapter 620, Florida Statutes					
SIGNATURE: <u><i>James Kincaid</i></u> <b>James Kincaid</b>			DATE: <b>4/20/2007</b> <b>321-799-4090</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Daytime Phone #</small>		

FILED  
 07 MAY 18 AM 9:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



04132007 Chg-LP CR2E003 (12/06)

STAPLE CHECK HERE