

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

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000000346**

1. Entity Name  
**WATER'S EDGE PLAZA, LTD.**



Principal Place of Business  
**605 E. ROBINSON ST., #420**  
**ORLANDO, FL 32801**

Mailing Address  
**605 E. ROBINSON ST., #420**  
**ORLANDO, FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242005

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-3491513**

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

**HANKINS, THOMAS E**  
**112 EAST ANNIE STREET**  
**ORLANDO, FL 32806**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 the if applicable

DATE

9. Capital Contributions  
 as Shown on record.

**\$1,800,000.00**

10. Amount of Capital Contributions  
 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 # **P98000011645**  
 NAME **HFB PROPERTIES - WATER'S EDGE PLAZA, INC.**  
 STREET ADDRESS **112 EAST ANNIE STREET**  
 CITY-ST-ZIP **ORLANDO, FL 32806**

STREET ADDRESS  
 CITY-ST-ZIP

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**UN0000331062**  
**04/26/05-80001-007 525.25**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/4/05 407-PY3-2070**

STAPLE CHECK HERE