

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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 605 E. ROBINSON ST. Suite, Apt. #, etc. SUITE #500 City & State ORLANDO, FL. Zip 32801 Country Orange		3. Mailing Address 605 E. ROBINSON ST. Suite, Apt. #, etc. SUITE #500 City & State ORLANDO, FL. Zip 32801 Country Orange			
4. FEI Number 59-3491513				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANKINS, THOMAS E 442 EAST ANNIE STREET ORLANDO, FL 32806 605 E. ROBINSON ST. SUITE # 500 ORLANDO, FL. 32801			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 #	P98000011645		STREET ADDRESS	605 E. ROBINSON ST. SUITE # 500	
NAME	HFB PROPERTIES - WATER'S EDGE PLAZA, INC.		CITY-ST-ZIP	ORLANDO, FL. 32801	
STREET ADDRESS	112 EAST ANNIE STREET				
CITY-ST-ZIP	ORLANDO, FL 32806				
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STREET ADDRESS					
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>TSA</u> <u>Gen Part</u> <u>4/26/06</u> <u>407-643-7070</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE