

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

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002510</b> 1. Entity Name <b>HEBBLEWHITE FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>8312 LAGO VISTA DRIVE TAMPA, FL 33614</b>			Mailing Address <b>8312 LAGO VISTA DRIVE TAMPA, FL 33614</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3542225</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HEBBLEWHITE, JON G 8312 LAGO VISTA DRIVE TAMPA, FL 33614</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$10.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HEBBLEWHITE, JON G		CITY-ST-ZIP		
STREET ADDRESS	8312 LAGO VISTA DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
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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

**JON G. HEBBLEWHITE GEN. PARTNER**

**4.11.05**      **(813) 9328248**

Date      Daytime Phone #