
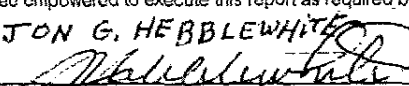


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # A98000002510			
1. Entity Name HEBBLEWHITE FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 8312 LAGO VISTA DRIVE TAMPA FL 33614		Mailing Address 8312 LAGO VISTA DRIVE TAMPA FL 33614	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent HEBBLEWHITE, JON G 8312 LAGO VISTA DRIVE TAMPA FL 33614		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.			
10. 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 # NAME STREET ADDRESS CITY - ST - ZIP	HEBBLEWHITE, JON G 8312 LAGO VISTA DRIVE TAMPA FL 33614	STREET ADDRESS CITY - ST - ZIP	
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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: JON G. HEBBLEWHITE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		01-30-07 (813) 9328555 Date Daytime Phone #	



1st MOORE CR2E003 (10/06)

4. FEI Number **59-3542225** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

U00000617296
02/07/07-00069-012 500.00

STAPLE CHECK HERE