


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

FILED

07 MAY 18 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001675					
1. Entity Name HI LIMITED PARTNERSHIP					
Principal Place of Business 1815 THE EXCHANGE ATLANTA, GA 30339-2040		Mailing Address 1815 THE EXCHANGE ATLANTA, GA 30339-2040			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04192007	Chg-LP CR2E003 (12/06)
4. FEI Number 59-3602355			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name CT Corporation System		
			Street Address (P.O. Box Number is Not Acceptable)		
			1200 South Pine Island Rd.		
			City Plantation FL Zip Code 33304		
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>Marie Edwards</u>		Marie Edwards Asst. UP		DATE 4/19/07	
<p align="center">FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</p> <p align="center">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.</p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L01000006032		STREET ADDRESS	900103629389	
NAME	HOOTERS ENTERPRISES, LLC		CITY-ST-ZIP	05/31/07-01054-020 **500.00	
STREET ADDRESS	1815 THE EXCHANGE				
CITY-ST-ZIP	ATLANTA, GA 303392040				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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>Rodney C. Foster</u>		Rodney C. Foster		DATE 4/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING GENERAL PARTNER		Date		Certificate Phone #	

STAPLE CHECK HERE

PA