

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # B00000000350					
1. Entity Name THE HEWITT FAMILY LIMITED PARTNERSHIP					
Principal Place of Business C/O PAT BOYLE 2600 HIGH TERRACE RENO, NV 89509			Mailing Address C/O MACLEAN AND EMA 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 88-0468965	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent					
MACLEAN, LAURA G ESQ. 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062				Name W. Thornton Scott, Esq. Street Address c/o MacLean and Ema 2600 N.E. 14th Street Causeway City Pompano Beach, Florida 33062	
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 1/25/05					
9. Capital Contributions as Shown on record. \$260,000.00			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 #	F00000006277		STREET ADDRESS		
NAME	HEWITT CORPORATION, INC.		CITY-ST-ZIP		
STREET ADDRESS	1725 MARSH RUN		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 DATE 3/20/05 Daytime Phone # (391) 988-9996			600049838906 04/05/05--01004--006 **526.25		

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