


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B00000000350</b> 1. Entity Name <b>THE HEWITT FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>C/O PAT BOYLE 2600 HIGH TERRACE RENO, NV 89509</b>	Mailing Address <b>C/O MACLEAN AND EMA 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062</b>
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01242006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>88-0468965</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
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**6. Name and Address of Current Registered Agent**

**SCOTT, W THORNTON  
% MACLEAN AND EMA  
2600 NE 14TH STREET CAUSEWAY  
POMPANO BEACH, FL 33062**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**000000525017**  
**05/04/06-80011-021 500.00**  
DATE

**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	
DOCUMENT #	<b>F00000006277</b>
NAME	<b>HEWITT CORPORATION, INC.</b>
STREET ADDRESS	<b>1725 MARSH RUN</b>
CITY-ST-ZIP	<b>NAPLES, FL 34109</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **PETER HEWITT**  
**Vice President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/31/06** **(239) 998-9996**  
Date Daytime Phone #

STAPLE CHECK HERE