

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 27 AM 10:41

DOCUMENT # B03000000292 1. Entity Name MIST TOWERS LIMITED PARTNERSHIP					
Principal Place of Business 550 BRICKELL AVENUE, STE. 400 MIAMI, FL 33414			Mailing Address 1700 SEAPORT BLVD., 4TH FLOOR REDWOOD CITY, CA 94063		
2. Principal Place of Business 724 N.E. Second Avenue		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami, FL		City & State			
Zip 33132	Country USA	Zip	Country	4. FEI Number 20-0219477	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F03000003904		STREET ADDRESS	724 N.E. Second Avenue	
NAME	HYPERION DEVELOPMENT GROUP, INC.		CITY-ST-ZIP	Miami, FL 33132	
STREET ADDRESS	550 BRICKELL AVENUE, STE. 400		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33414		CITY-ST-ZIP		
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CITY-ST-ZIP			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>Lawrence H. Austin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <u>2/8/06</u> Daytime Phone #: <u>650-210-5100</u>		

STAPLE CHECK HERE