

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # B94000000098

1. Entity Name  
HARBOR HILLS DEVELOPMENT LTD.



Principal Place of Business  
P.O. BOX 218  
6538 LAKE GRIFFIN RD.  
LADY LAKE, FL 32159-9983

Mailing Address  
P.O. BOX 218  
6538 LAKE GRIFFIN RD.  
LADY LAKE, FL 32159-9983



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

16-1453802

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RITCHEY, STEVEN J P.A.  
1009 N. 14TH STREET  
LEESBURG, FL 34748

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record. **\$6,435,000.00**

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 # F94000000670  
NAME H.H.C.C. INC.  
STREET ADDRESS 3538 LAKE GRIFFIN ROAD  
CITY-ST-ZIP LADY LAKE, FL 321596

STREET ADDRESS  
CITY-ST-ZIP  
U00000367379  
05/16/05-80032-017-526-25

DOCUMENT #  
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STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE