

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 22 AM 9:42

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02282006 Chg-LP CR2E003 (11/05)

City & State

4. FEI Number
 16-1453802

Applied For
 Not Applicable

City & State

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable.

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP 100069634161
 04/06/06--01041--019 **\$800.00

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Walt
3/31/06

STAPLE CHECK HERE

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: _____ DATE: 3/31/06 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER