


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

DOCUMENT # B98000000117		
1. Entity Name HSI CASSELBERRY, LP		

SECRET  
 DIVISION  
 06 FEB 20 AM 10:45

Principal Place of Business 2839 PACES FERRY ROAD STE 460 ATLANTA, GA 30339	Mailing Address 2839 PACES FERRY ROAD STE 560 ATLANTA, GA 30339
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2. Principal Place of Business 6640 Powers Ferry Rd Suite, Apt. #, etc. Suite 100 City & State Atlanta, Ga Zip 30339 Country USA	3. Mailing Address 6640 Powers Ferry Rd Suite, Apt. #, etc. Suite 100 City & State Atlanta, Ga Zip 30339 Country USA
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01032006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent PRICE, ROY 1615 REGATTA DRIVE AMELIA ISLAND, FL 32034	
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4. FEI Number 58-2372145	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	M97000000826 SOUTHERN PROPERTY INVESTORS, LLC 2839 PACES FERRY RD STE 560 ATLANTA, GA 30339	STREET ADDRESS CITY-ST-ZIP	6640 Powers Ferry Rd, Ste 100 Atlanta, Ga 30339
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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:	2-9-06	904 331-0431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE