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

## FILED May 01, 2006 08:00 AM Secretary of State

DOCUMENT # B9800000694  1. Entity Name HLC MAIN GATE PROPERTIES, L.P.		
Principal Place of Business 7080 ABERCORN STREET SAVANNAH, GA 31406	Mailing Address P.O. BOX 13069 SAVANNAH, GA 31416	

## 04272006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3544105 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable DATE UN0000554748 FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 05/16/06-30007-035 500.00 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 COCUMENT I F98000006873 HLC MAIN GATE, INC. NAME STREET ADDRESS 7080 ABERCORN STREET CHY-ST-ZIP SAVANNAH, GA 31406 DOCUMENT # NAME STREET ADDITESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CDY-ST-202 OCCUMENT # NAME STREET ADDRESS CATY - ST - JUP

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 acturate and that my signature shall have the same legal effect as if made under path; that I am a General Partner of the limited partnership or the receiver or trustee employered to effect this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING GENERAL PARTNER

4 26/06

Osytima Phace #