


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000027588
 1. Entity Name
 HEW PARTNERS, LLC



Principal Place of Business Mailing Address
 PO BOX 536372 PO BOX 536372
 ORLANDO, FL 32853-6372 ORLANDO, FL 32853-6372

DO NOT WRITE IN THIS SPACE



01182005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 91-2198694 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WATSON, TODD W
 1111 LAKE WELDONA DR.
 ORLANDO, FL 32806

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, TODD W 1111 LAKE WELDONA DR. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WOODWARD PROPERTIES 1111 LAKE WELDONA DR. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FROST REAL ESTATE 729 N. SUMMERLIN AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/25/05-80103-002 50.00

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Todd W. Watson, Manager 1/17/05 (407)489-0042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #