

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90025 034 \*\*\*\*50.00

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03032005 Chg-LLC CR2E083 (10/03)

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # L04000073026</b>  |  |  |  |                      |  |
| 1. Entity Name<br>HDS PARTNERSHIP, LLC  |  |  |  |   |  |
| Principal Place of Business<br>3 ORANGE AVE.<br>ROCKLEDGE, FL 32955   |  |  | Mailing Address<br>3 ORANGE AVE.<br>ROCKLEDGE, FL 32955  |   |  |
| 2. Principal Place of Business  |  |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.  |   |  |
| City & State  |  |  | City & State   |   |  |
| Zip   | Country  | Zip  | Country  | 4. FEI Number 20-1720279 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |  |  |  |   |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent  |   |  |
| RUDY, DUBOVEC<br>821 WHIPORWILL DRIVE<br>PORT ORANGE, FL 32127  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |  | Make check payable to<br>Florida Department of State |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>HOUEZ, BECKIE<br>3 ORANGE AVE.<br>ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | Rebecca S. Houze. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>HOUEZ, MARC<br>3 ORANGE AVE.<br>ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>DUBOVEC, RUDY<br>821 WHIPORWILL DRIVE<br>PORT ORANGE, FL 32127 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>STONE, JOHN<br>P.O. BOX 372378<br>SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |   |  |
| 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: Rebecca S. Houze   |  | 3-3-05 321-636-5644                                  |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | Date Daytime Phone #                                 |  |   |  |