2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A00000001141

FILED
04 FEB -3 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJW

MOORE CR2E003 (11/03) 2/3

1. Entity Name
M & H LIMITED PARTNERSHIP, LLLP

Principal Place of Business	Mailing Address
9625 AMBLESIDE DRIVE WINDERMERE FL 34786	9625 AMBLESIDE DRIVE WINDERMERE FL 34786

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 59-3659510 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNES, LARRY
9625 AMBLESIDE DRIVE
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name Carol Barnes

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 Carol Barnes
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $40,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #		STREET ADDRESS	
NAME	BARNES, LARRY		
STREET ADDRESS	9625 AMBLESIDE DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	WINDERMERE FL 34786		
DOCUMENT #		STREET ADDRESS	
NAME	BARNES, CAROL		
STREET ADDRESS	9625 AMBLESIDE DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	WINDERMERE FL 34786		700029076767
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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Carol Barnes 1-26-04 407-297-6784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #