2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A0000001141

1. Entity Name

M & H LIMITED PARTNERSHIP, LLLP



FILED Jan 07, 2008 08:00 AM Secretary of State

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

9625 AMBLESIDE DRIVE WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LP

CR2E003 (12/06)

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, CAROL 9625 AMBLESIDE DRIVE WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE

TANAMENTALITE, LE 1947.00		IN THIS SPACE
the obligat	named entity submits this statement for the purpose of changing its re- tions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered egent and title il applicable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0	00
	A GENERAL PARTNER THAT IS A BUSINESS ENTI- NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BARNES MANAGEMENT, L.L.C. 9625 AMBLESIDE DRIVE WINDERMERE, FL 34786	U00000775313 01/08/08-80024-012 500.00
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT #		

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

STREET ADDRESS

Carol Barnes

Corol Bornes

1-4-08

407.295-5200

Daytime Phon