

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A26351**

1. Entity Name  
**JHG FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**P.O. BOX 1138**  
**LAKE WALES, FL 33859-1138**

Mailing Address  
**P.O. BOX 1138**  
**LAKE WALES, FL 33859-1138**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**59-2886326**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UPDIKE, LAWRENCE C.**  
**5937 HIGHWAY 60 EAST**  
**LAKE WALES, FL 33859-0231**

Name

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. **\$990,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 # **648898**  
 NAME **HERNDON GROVES, INC.**  
 STREET ADDRESS **P.O. BOX 1138**  
 CITY-STATE-ZIP **LAKE WALES, FL 338591138**

STREET ADDRESS  
 CITY-STATE-ZIP

DOCUMENT #  
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**U00000247741**  
**03/01/05-80036-018 526.25**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/19/05 (863) 679-3670**

Date

Daytime Phone #

**BRADLEY P HERNDON**

STAPLE CHECK HERE