

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000366 AT

DOCUMENT # A99000000675	
1. Entity Name H.J.H. & S.G.H., LTD.	

Principal Place of Business 1128 11TH STREET KEY WEST FL 33040	Mailing Address 1128 11TH STREET KEY WEST FL 33040
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR -9 PM 2:25


4. FEI Number 65-0933946	Applied For ☐ Not Applicable
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
BOHATCH, JOHN S ESQ 2600 DOUGLAS ROAD PENTHOUSE 8 CORAL GABLES FL 33134	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$500,000.00	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 #	NAME	STREET ADDRESS	
	HAMEL, HANS J		
	1128 11TH STREET		
	KEY WEST FL 33040		
DOCUMENT #	NAME	STREET ADDRESS	
	HAMEL, SIEGRID G		
	1128 11TH STREET		
	KEY WEST FL 33040		
DOCUMENT #	NAME	STREET ADDRESS	
DOCUMENT #	NAME	STREET ADDRESS	
DOCUMENT #	NAME	STREET ADDRESS	
DOCUMENT #	NAME	STREET ADDRESS	

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:  **4/2/03 305 294 6215**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)