

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000000439

1. Entity Name
I & H FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**600 SAND LAKE COURT
MOUNT DORA, FL 32757**

Mailing Address
**600 SAND LAKE COURT
MOUNT DORA, FL 32757**



02202007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3630332

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HART, DONALD E
600 SAND LAKE COURT
MOUNT DORA, FL 32757**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

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

DOCUMENT #

NAME
EDWINS, LYNN H TRUSTEE
STREET ADDRESS
7385 S.W. 122ND STREET
CITY-ST-ZIP
PINECREST, FL 33156

DOCUMENT #

NAME
REECE, KANDY H TRUSTEE
STREET ADDRESS
2772 EDGEWATER DRIVE
CITY-ST-ZIP
NICEVILLE, FL 32578

DOCUMENT #

NAME
HENDERSON, JENNIFER H TRUSTEE
STREET ADDRESS
7755 LAKE OLA DRIVE
CITY-ST-ZIP
MOUNT DORA, FL 32757

DOCUMENT #

NAME
HART, JONATHAN A TRUSTEE
STREET ADDRESS
75 TANQUERAY
CITY-ST-ZIP
SHARPSBURG, GA 30277

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

U00000687801
04/10/07-80054-020 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-29-07 352-735-4866

STAPLE CHECK HERE