## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A0000000439

City-St-Zip:

SHARPSBURG, GA 30277

Entity Name: 1 & H FAMILY PARTNERSHIP, LTD.

FILED Feb 16, 2009 Secretary of State

Current Pi	rincipal Place	of Business:	New Principal Place of Business:	
	LAKE COUR <sup>-</sup> ORA, FL 3275			
Current Mailing Address:			New Mailing Address:	
	LAKE COUR <sup>-</sup> ORA, FL 3275			
FEI Number:	59-3630332	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:
	NALD E LAKE COUR <sup>-</sup> ORA, FL 3275			
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both
SIGNATUR	RE:			
Electronic Signature of Registered Age			ent Date	
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONLY:	
Document #:				
Name:	EDWINS, LYN			
Address:	7385 S.W. 122		Address:	
City-St-Zip: Document #:	PINECREST, F	L 33156	City-St-Zip:	
Name:	REECE, KAND	Y H TRUSTEE		
Address:	2772 EDGEWATER DRIVE		Address:	
City-St-Zip: Document #:	NICEVILLE, FL	32578	City-St-Zip:	
Name: HENDERSON, JENNIFER H TRUSTEE				
Address:	7755 LAKE OLA DRIVE		Address:	
City-St-Zip: Document #:	MOUNT DORA,	FL 32757	City-St-Zip:	
Name:	,			
Address:	75 TANQUERA	Y	Address:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: JENNIFER H. HENDERSON

02/16/2009