


Do Not Separate

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A00000001141			
1. Entity Name M & H LIMITED PARTNERSHIP, LLLP			
Principal Place of Business 9625 AMBLESIDE DRIVE WINDERMERE, FL 34786		Mailing Address 9625 AMBLESIDE DRIVE WINDERMERE, FL 34786	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BARNES, CAROL 9625 AMBLESIDE DRIVE WINDERMERE, FL 34786		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$40,000.00		10. Amount of Capital Contributions in FLORIDA to date. 300046718132 02/16/05--01004--022 **421.25	
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	
NAME	BARNES, LARRY	CITY-ST-ZIP	
STREET ADDRESS	9625 AMBLESIDE DRIVE		
CITY-ST-ZIP	WINDERMERE, FL 34786		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BARNES, CAROL	CITY-ST-ZIP	
STREET ADDRESS	9625 AMBLESIDE DRIVE		
CITY-ST-ZIP	WINDERMERE, FL 34786		
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STREET ADDRESS			
CITY-ST-ZIP			
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: CAROL BARNES		1-8-05 407-297-6784	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

FILED

05 FEB 16 PM 3:19

SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

WJH



01242005 Chg-LP CR2E003 (10/03)

2/10

4. FEI Number
59-3659510

Applied For
Not Applicable

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

STAPLE CHECK HERE