


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A00000001240 1. Entity Name THE HUGHES FAMILY LIMITED PARTNERSHIP	
--	---


Principal Place of Business 8112 COLLINGWOOD COURT UNIVERSITY PARK, FL 34201 US	Mailing Address 8112 COLLINGWOOD COURT UNIVERSITY PARK, FL 34201 US
---	---

DO NOT WRITE IN THIS SPACE

FILED

2007 MAY 10 AM 12:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



03012007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-1025275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUGHES, JOHN
8112 COLLINGWOOD COURT
UNIVERSITY PARK, FL 34201**

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

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.

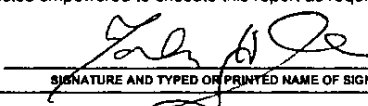
12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	HUGHES, JOHN	8112 COLLINGWOOD COURT	UNIVERSITY PARK, FL 34201
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	HUGHES, LINDA KAY	8112 COLLINGWOOD COURT	UNIVERSITY PARK, FL 34201
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

500103093545
05/23/07--01010--003 **1185.00

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:  **4/13/07** **941-357-3939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE