

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008


FILED

08 JUN 27 PM 2:15

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # A0000001240

1. Entity Name
THE HUGHES FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address

8112 COLLINGWOOD COURT 8112 COLLINGWOOD COURT
 UNIVERSITY PARK, FL 34201 US UNIVERSITY PARK, FL 34201 US



02132008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-1025275 Not Applicable

5. Certificate of Status Desired **\$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 _____ **400130451134**
Signature, typed or printed name of registered agent and title if applicable. **05/30/08 01007 002 **500.00**
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	HUGHES, JOHN
STREET ADDRESS	8112 COLLINGWOOD COURT
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
DOCUMENT #	
NAME	HUGHES, LINDA KAY
STREET ADDRESS	8112 COLLINGWOOD COURT
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: _____ **6/26/08 941-357-3939**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

5/29/08