

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

**DOCUMENT # A01000001694**

1. Entity Name  
**H & G NURSERY PROPERTIES, LLLP**



Principal Place of Business  
**2190 ARON DRIVE**  
**GREEN COVE SPRINGS, FL 32043**

Mailing Address  
**2190 ARON DRIVE**  
**GREEN COVE SPRINGS, FL 32043**



2. Principal Place of Business  
**2190 Aaron Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2190 Aaron Drive**  
 Suite, Apt. #, etc.

04082005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**69-0004179**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**HALL, GEORGE E**  
**2190 ARON DRIVE**  
**GREEN COVE SPRINGS, FL 32043**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2190 Aaron Drive**

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

*George E. Hall*  
 Signature, typed or printed name of registered agent and title if applicable.

DATE

**4-21-05**

9. Capital Contributions as Shown on record. **\$211,442.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$211,442.00**

**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 # **F21901**  
 NAME **H & G WHOLESALE NURSERIES, INC.**  
 STREET ADDRESS **2190 ARON DRIVE**  
 CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

DOCUMENT #  
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 CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS **2190 Aaron Drive**

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700054039547**  
**05/03/05-01016 019 \*\*526.25**

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: George E. Hall**

**4-21-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE