

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000001694**

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



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

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



04232007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**69-0004179**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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

*George E Hall Partner*

*4-23-07*

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

DATE

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

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U000000736081  
05/10/07-80061-005 500.00

**DO NOT WRITE  
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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: *George E Hall Partner* George E. Hall, Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4-23-07*

Date

*904282-0146*

Daytime Phone #