

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000001694

**Entity Name:** H & G NURSERY PROPERTIES, LLLP

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2190 AARON DRIVE  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

2190 AARON DRIVE  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

**FEI Number:** 69-0004179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: F21901  
Name: H & G WHOLESALE NURSERIES, INC.  
Address: 2190 AARON DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

P

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date