

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000000076**

1. Entity Name  
**J&M HARDY INVESTMENT PARTNERSHIP, LTD.**



Principal Place of Business  
**371 ISLAND CREEK DRIVE  
VERO BEACH, FL 32963**

Mailing Address  
**371 ISLAND CREEK DRIVE  
VERO BEACH, FL 32963**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052008

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number

**82-0542065**

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**

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

**GARRIS, CHARLES E  
817 BEACHLAND BOULEVARD  
VERO BEACH, FL 32963**

Name

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

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

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

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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **P02000006009**  
NAME **J&M HARDY MANAGEMENT CO., INC.**  
STREET ADDRESS **371 ISLAND CREEK DRIVE**  
CITY-ST-ZIP **VERO BEACH, FL 32963**

STREET ADDRESS

CITY-ST-ZIP

**000000840654**

**03/06/08-80056-014 500.00**

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CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Feb. 21, 2008 772-234-4891**  
Date Daytime Phone

STAPLE CHECK HERE