


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000278</b>					
1. Entity Name J 2 H LIMITED PARTNERSHIP					
Principal Place of Business 4421 S.W. 91ST DRIVE GAINESVILLE, FL 32608			Mailing Address 4421 S.W. 91ST DRIVE GAINESVILLE, FL 32608		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 01-0626820			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  HOGUE, JEANNINE F 4421 S.W. 91ST DRIVE GAINESVILLE, FL 32608			7. Name and Address of New Registered Agent  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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,500,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HOGUE, JEANNINE F TRUSTEE		CITY - ST - ZIP		
STREET ADDRESS	4421 S.W. 91ST DRIVE				
CITY - ST - ZIP	GAINESVILLE, FL 32608				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HOGUE, JEFFREY L TRUSTEE				
STREET ADDRESS	5004 NW 71ST PLACE				
CITY - ST - ZIP	GAINESVILLE, FL 32653				
DOCUMENT #	NAME		STREET ADDRESS		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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: 			3-18-04 (352) 335-2098		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

**ORIGINAL**