

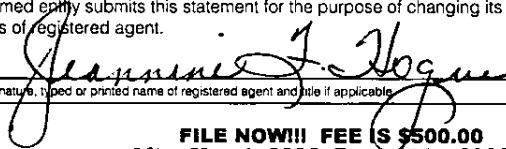
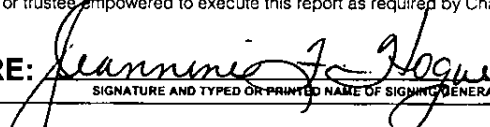


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A02000000278 1. Entity Name J 2 H LIMITED PARTNERSHIP						<div style="transform: rotate(-15deg);"> FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JAN 12 AM 8:58 </div>	
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					
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 1/9/06			
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 #	NAME			STREET ADDRESS	300064606433		
STREET ADDRESS	HOGUE, JEANNINE F TRUSTEE			CITY-ST-ZIP	01/27/06--01005-814 **500.00		
CITY-ST-ZIP	4421 S.W. 91ST DRIVE						
CITY-ST-ZIP	GAINESVILLE, FL 32608						
DOCUMENT #	NAME			STREET ADDRESS	8843 S.W. 14th Road		
STREET ADDRESS	HOGUE, JEFFREY L TRUSTEE			CITY-ST-ZIP	Gainesville, FL 32607		
CITY-ST-ZIP	5004 NW 71ST PLACE						
CITY-ST-ZIP	GAINESVILLE, FL 32653						
DOCUMENT #	NAME			STREET ADDRESS			
STREET ADDRESS				CITY-ST-ZIP			
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STREET ADDRESS				CITY-ST-ZIP			
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: 				DATE 1/10/06		DAYTIME PHONE # 352-335-2098	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER							

STAPLE CHECK HERE