

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

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000000278**

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**



01252007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0626820**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HOGUE, JEANNINE F  
4421 S.W. 91ST DRIVE  
GAINESVILLE, FL 32608**

**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

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HOGUE, JEANNINE F TRUSTEE  
4421 S.W. 91ST DRIVE  
GAINESVILLE, FL 32608**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HOGUE, JEFFREY L TRUSTEE  
8843 SW 14TH ROAD  
GAINESVILLE, FL 32607**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000630384  
02/20/07-80003-016 500.00

**DO NOT WRITE  
IN THIS SPACE**

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: Jeannine F Hogue TTEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2-8-07**

Date

**(352) 325-2098**

Daytime Phone #