

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000799

1. Entity Name
JOHNSON-HIGDON NURSERY, LLLP



Principal Place of Business
130 NORTH VIRGINIA STREET
QUINCY, FL 32351

Mailing Address
130 NORTH VIRGINIA STREET
QUINCY, FL 32351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3597241

Applied For
 Not Applicable

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

HIGDON, JOSEPH W JR
130 NORTH VIRGINIA STREET
QUINCY, FL 32351

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 date if applicable

DATE

9. Capital Contributions
 as Shown on record. **\$99,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date. **99,000.00**

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 **JOHNSON, CLAYTON G**
 STREET ADDRESS **ROUTE 4 BOX 295**
 CITY-ST-ZIP **QUINCY, FL 32351**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME **HIGDON, JOSEPH W JR.**
 STREET ADDRESS **PO BOX 1739**
 CITY-ST-ZIP **QUINCY, FL 32353**

STREET ADDRESS
 CITY-ST-ZIP

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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)(f), 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:

Joseph W. Higdon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-15-04

Date

Daytime Phone #

STAPLE CHECK HERE