



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3597241	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGDON, JOSEPH W JR 130 NORTH VIRGINIA STREET QUINCY, FL 32351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 STREET ADDRESS CITY-ST-ZIP	JOHNSON, CLAYTON G ROUTE 4 BOX 295 QUINCY, FL 32351		STREET ADDRESS CITY-ST-ZIP	1000000363795 05/05/05-80014-003 535.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HIGDON, JOSEPH W JR. PO BOX 1739 QUINCY, FL 32353		STREET ADDRESS CITY-ST-ZIP		
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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: <u>Joseph W. Higdon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4-25-05 (850)875-4656 <small>Date Daytime Phone #</small>		

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