

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 30, 2008 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



02212008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3597241	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**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, 2008, 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	JOHNSON, CLAYTON G
STREET ADDRESS	ROUTE 4 BOX 295
CITY - ST - ZIP	QUINCY, FL 32351
DOCUMENT #	
NAME	HIGDON, JOSEPH W JR.
STREET ADDRESS	PO BOX 1739
CITY - ST - ZIP	QUINCY, FL 32353
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000009371-74
05/27/08-80040-003 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Joseph W. Higdon Jr.

4-08-08

Date

Daytime Phone #

(850) 627-7564

STAPLE CHECK HERE