

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000799

Entity Name: JOHNSON-HIGDON NURSERY, LLLP

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

130 NORTH VIRGINIA STREET  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

130 NORTH VIRGINIA STREET  
QUINCY, FL 32351

**New Mailing Address:**

P.O. BOX 2159  
QUINCY, FL 32353

FEI Number: 59-3597241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: HIGDON, JOSEPH W JR.

Address: PO BOX 1739

City-St-Zip: QUINCY, FL 32353

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 JR

PD

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date