

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL -5 AM 11:05

DOCUMENT # A04000000152

1. Entity Name  
HUDSON MADEIRA, LTD.



Principal Place of Business  
8801 RIVER CROSSING BLVD.  
NEW PORT RICHEY, FL 34655

Mailing Address  
8801 RIVER CROSSING BLVD.  
NEW PORT RICHEY, FL 34655

*Handwritten initials*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172005

Chg-LP

CR2E003 (10/03)

4. FEI Number

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

HUDSON, JOHN E  
8801 RIVER CROSSING BLVD.  
NEW PORT RICHEY, FL 34655

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 title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$600,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # V50168  
NAME LJH, INC.  
STREET ADDRESS 8801 RIVER CROSSING BLVD.  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE