

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # A05000001984

1. Entity Name
HUDSON LAND CO-OP, LTD.



Principal Place of Business
18 PRIVATE DRIVE
CRAWFORDVILLE, FL 32327-0949

Mailing Address
18 PRIVATE DRIVE
CRAWFORDVILLE, FL 32327-0949



01052007 No Chg-LP CR2E003 (12/06)

4. FEI Number
20-3798099

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUDSON, MARK H
11 CALVARY COURT
CRAWFORDVILLE, FL 32327-0949

**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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 | HUDSON LAND CO-OP LLC |
| STREET ADDRESS | 18 PRIVATE DRIVE |
| CITY-ST-ZIP | CRAWFORDVILLE, FL 323270949 |

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| DOCUMENT # | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/08/07-80057-019 500.00

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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:

Mark Hudson Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/6/07 926-3366

STAPLE CHECK HERE