

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 JUN 10 AM 9:16

DOCUMENT # A06000001019

1. Entity Name
 FIVE H FARMS, LLLP



Principal Place of Business
 619 S.R. 50
 GROVELAND, FL 34736

Mailing Address
 619 S.R. 50
 GROVELAND, FL 34736

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222008

Chg-LP

CR2E003 (12/06)

4. FEI Number
 20-5415140

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

~~HILLARY, DENNIS W~~
~~1000 LEGION PLACE~~
~~SUITE 1700~~
~~GROVELAND, FL 34736~~
 MEIRZ, GREGORY W
 1000 Legion Place
 SUITE 1700, GROVELAND, FL 34736

Name HILLARY, DENNIS
 Street Address (P.O. Box Number is Not Acceptable) 619 S.R. 50
 City GROVELAND FL 34736

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 Dennis W. Hillary 5-06-2008
 Signature, typed or printed name of registered agent and title if applicable. General Partner 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	HILLARY, DENNIS W	CITY-ST-ZIP	
STREET ADDRESS	619 S.R. 50		
CITY-ST-ZIP	GROVELAND, FL 34736		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 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: Dennis Hillary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE