


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # A26479 1. Entity Name H. C. JACKSONVILLE, LIMITED PARTNERSHIP	
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Principal Place of Business 2600 GRAND AVENUE BLVD SUITE 700 KANSAS CITY, MO 64108	Mailing Address 2600 GRAND AVENUE BLVD SUITE 700 KANSAS CITY, MO 64108
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02112008 Chg-LP CR2E003 (12/06)

4. FEI Number
43-1480663

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HANSON, KARL B. JR.
% LEBOEUF, LAMB, LEIBY & MACRAE
200 LAURA STREET
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

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

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	DEHARDT, JOHN
STREET ADDRESS	2600 GRAND AVE., S-700
CITY-ST-ZIP	KANSAS, MO 64108

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
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STREET ADDRESS	
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CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000000987623
04/08/08-80077-023 500.00

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: *X* *John Dehardt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-10-08

8168422690

STAPLE CHECK HERE