

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A31026**

1. Entity Name  
**THE H.L.O.T. FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**4229 HIGHWAY 90**  
**PACE, FL 32571**

Mailing Address  
**4229 HIGHWAY 90**  
**PACE, FL 32571**



01032007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3041196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HENRY, EDWIN**  
**4229 HIGHWAY 90**  
**PACE, FL 32571**

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

**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 # **P94000064374**  
NAME **HENRY BUSINESS GROUP, INC.**  
STREET ADDRESS **4229 HIGHWAY 90**  
CITY-ST-ZIP **PACE, FL 32571**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000640049  
02/28/07-80050-009 500.00

**DO NOT WRITE**  
**IN THIS SPACE**

STAPLE CHECK HERE

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**EDWIN HENRY** 2/13/07

Date

**850 994 0984**

Daytime Phone #