



**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A93000001294 1. Entity Name HDHJAH LIMITED PARTNERSHIP	
---	---

Principal Place of Business 711 SHADY LAKE LANE VERO BEACH FL 32963	Mailing Address 711 SHADY LAKE LANE VERO BEACH FL 32963
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
04 JAN 26 AM 9:06
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**


MOORE CR2E003 (11/03)

4. FEI Number 59-3203068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HANNA, HUGH D 711 SHADY LAKE LANE VERO BEACH FL 32963	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$90.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	--

**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	MARK D HANNA
NAME	HANNA, MARK D	CITY-ST-ZIP	3115 Topping Lane MONTING VALLEY, Ohio 44022
STREET ADDRESS	23799 STANFORD ROAD	STREET ADDRESS	
CITY-ST-ZIP	SHAKER HEIGHTS OH 44122	CITY-ST-ZIP	700027621137
DOCUMENT #		STREET ADDRESS	
NAME	CLASSEN, KATHERINE H	CITY-ST-ZIP	01/26/04--01091--010 **141.25
STREET ADDRESS	7950 PETTIBONE ROAD	STREET ADDRESS	
CITY-ST-ZIP	CHAGRIN FALLS OH 44023	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **1/22/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

440-5434305
Date Daytime Phone #

STAPLE CHECK HERE