


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000001294 1. Entity Name HDHJAH LIMITED PARTNERSHIP	
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Principal Place of Business 711 SHADY LAKE LANE VERO BEACH FL 32963	Mailing Address 711 SHADY LAKE LANE VERO BEACH FL 32963
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1ST MOORE CR2E003 (10/04)

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

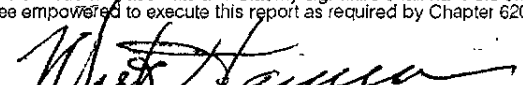
6. Name and Address of Current Registered Agent HANNA, HUGH D 711 SHADY LAKE LANE VERO BEACH FL 32963	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits 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.	11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
9. Capital Contributions as Shown on record. \$90.00	10. Amount of Capital Contributions in FLORIDA to date.

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 #	NAME	STREET ADDRESS	
	HANNA, MARK D		
STREET ADDRESS	3115 TOPPING LANE	CITY- ST- ZIP	
CITY- ST- ZIP	HUNTING VALLEY OH 44022		
DOCUMENT #	NAME	STREET ADDRESS	
	CLASSEN, KATHERINE H		
STREET ADDRESS	7950 PETTIBONE ROAD	CITY- ST- ZIP	
CITY- ST- ZIP	CHAGRIN FALLS OH 44023		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP			
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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:  **1-27-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date Daytime Phone #

STAPLE CHECK HERE