

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

DOCUMENT # A93000001294

1. Entity Name

HDHJAH LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 10 AM 9:06

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

Mailing Address *1608 Weybridge Circle*
 711 SHADY LAKE LANE
 VERO BEACH FL 32963



2. Principal Place of Business
1608 Weybridge Circle
 Suite, Apt. #, etc.

3. Mailing Address
1608 Weybridge Circle
 Suite, Apt. #, etc.

1st MOORE

CR2E003 (10/05)

City & State
VERO BEACH FL
 Zip *32963* Country *USA*

City & State
VERO BEACH FL
 Zip *32963* Country *USA*

4. FEI Number
 59-3203068

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$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)
1608 Weybridge Circle
 City *VERO BEACH* FL Zip Code *32963*

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 *Hugh D Hanna*
 Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 HANNA, MARK D
 STREET ADDRESS 3115 TOPPING LANE
 CITY-ST-ZIP HUNTING VALLEY OH 44022

DOCUMENT #
 NAME CLASSEN, KATHERINE H
 STREET ADDRESS 7950 PETTIBONE ROAD
 CITY-ST-ZIP CHAGRIN FALLS OH 44023

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
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 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
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800068539748
 03/23/06--01049--010 **500.00

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 629, Florida Statutes

SIGNATURE: *MARK D HANNA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-3-06

Date

Daytime Phone #

772-713 9552