


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # A93000001294	
1. Entity Name: HDHJAH LIMITED PARTNERSHIP	

Principal Place of Business 1608 WEYBRIDGE CIRCLE VERO BEACH FL 32963	Mailing Address 1608 WEYBRIDGE CIRCLE VERO BEACH FL 32963
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

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 1608 WEYBRIDGE CIRCLE 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.

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

FILE NOW!!! Fee is \$500. *. After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HANNA, MARK D 3115 TOPPING LANE HUNTING VALLEY OH 44022	STREET ADDRESS CITY-ST-ZIP	0000000816169 02/14/08-80038-016 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CLASSEN, KATHERINE H 7950 PETTIBONE ROAD CHAGRIN FALLS OH 44023	STREET ADDRESS CITY-ST-ZIP	
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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 *Katherine H. Classen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/31/08 *440-543-4325*
Date (Signing Phone #)

STAPLE CHECK HERE