

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 APR 23 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000078

1. Entity Name  
H & V PROPERTIES, LTD.



Principal Place of Business  
11 AUTUMN RIDGE  
HATTIESBURG, MS 39402

Mailing Address  
11 AUTUMN RIDGE  
HATTIESBURG, MS 39402

2. Principal Place of Business  
2640 E OLIVE RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PENSACOLA, FL

City & State

Zip  
32514

Country

Zip

Country

03212004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
59-3348422

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINES, CHARLES GERALD  
2640 E OLIVE RD  
PENSACOLA, FL 32514

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

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

DATE

9. Capital Contributions as Shown on record. \$225,100.00

10. Amount of Capital Contributions in FLORIDA to date.

225,100.00

**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 # P95000080650  
NAME H & V PROPERTIES, INC.  
STREET ADDRESS 2640 E OLIVE RD  
CITY-ST-ZIP PENSACOLA, FL 32514

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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NAME  
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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 11 AUTUMN RIDGE  
CITY-ST-ZIP HATTIESBURG, MS 39402

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

C.G. Vines

4/19/04 601-296-6969

STAPLE CHECK HERE