


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 JUN 10 AM 9:16

DOCUMENT # A98000002393		
1. Entity Name H5 PARTNERSHIP, LTD. LLLP		

Principal Place of Business 619 S.R. 50 GROVELAND, FL 34736	Mailing Address 619 S.R. 50 GROVELAND, FL 34736
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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

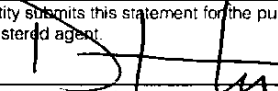


04222008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3585383	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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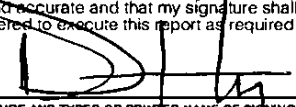
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HILLARY, DENNIS W 619 S.R. 50 GROVELAND, FL 34736		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 5-06-2008

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
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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 #	HILLARY, DENNIS W	STREET ADDRESS	
NAME	619 S.R. 50	CITY-ST-ZIP	
STREET ADDRESS	GROVELAND, FL 34736		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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: 	DATE 5-06-08 4292469

STAPLE CHECK HERE