


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A99000000623</b>		
1. Entity Name <b>H &amp; H JOHNSON FAMILY PARTNERSHIP, LTD.</b>		
Principal Place of Business <b>5652 S.W. COUNTY ROAD 769 ARCADIA FL 34266</b>		Mailing Address <b>5652 S.W. COUNTY ROAD 769 ARCADIA FL 34266</b>
2. Principal Place of Business	3. Mailing Address <b>6729 S.W. County Rd 769</b>	
State, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		4. FEI Number <b>65-0922753</b>
City & State <b>Arcadia, FL</b>		Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>34269</b>	Country <b>De Soto</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 24 PM 2:36



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent <b>JOHNSON, HILDA 5652 S.W. COUNTY ROAD 769 ARCADIA FL 34266</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		<b>FL</b>	

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

9. Capital Contributions as Shown on record. <b>\$30,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P99000029739 H &amp; H JOHNSON TRUST, INC. 5652 S.W. COUNTY ROAD 769 ARCADIA FL 34269</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>100032106471 04/07/04--01054--009 **298.75</b>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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:** Hilda Johnson Hilda Johnson 3/17/04 (863)494-3335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #