


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

DOCUMENT # A99000000623 1. Entity Name H & H JOHNSON FAMILY PARTNERSHIP, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 24 PM 2:36

Principal Place of Business 5652 S.W. COUNTY ROAD 769 ARCADIA FL 34266	Mailing Address 5652 S.W. COUNTY ROAD 769 ARCADIA FL 34266
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MOORE CR2E003 (11/03)

2. Principal Place of Business State, Apt. #, etc.	3. Mailing Address 6729 S.W. County Rd 769 Suite, Apt. #, etc.
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City & State ARCADIA, FL	City & State ARCADIA, FL
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Zip 34269	Country	Zip 34269	Country De Soto
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4. FEI Number 65-0922753	Applied For <input type="checkbox"/> 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 JOHNSON, HILDA 5652 S.W. COUNTY ROAD 769 ARCADIA FL 34266	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$30,000.00	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 P99000029739 H & H JOHNSON TRUST, INC. 5652 S.W. COUNTY ROAD 769 ARCADIA FL 34269	STREET ADDRESS CITY-ST-ZIP 100032106471 04/07/04--01054--009 **298.75
DOCUMENT #	STREET ADDRESS
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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: <u>Hilda Johnson</u> <u>Hilda Johnson</u>	Date: <u>3/17/04</u> (863) 494-3335
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Daytime Phone #</small>