

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A99000000623

1. Entity Name

H & H JOHNSON FAMILY PARTNERSHIP, LTD.



FILED

2005 APR 14 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5652 S.W. COUNTY ROAD 769
ARCADIA FL 34266

Mailing Address

6729 S.W. COUNTY RD. 769
ARCADIA FL 34269

2. Principal Place of Business

3. Mailing Address

5652 S.W. County Rd. 769
Suite, Apt. #, etc.



1ST MOORE CR2E003 (10/04)

Suite, Apt. #, etc.

City & State

ARCADIA, FL

4. FEI Number

65-0922753

Applied For

Not Applicable

Zip

34269

Country

DeSoto

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record.

\$30,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$ 30,000.

**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 # P99000029739
NAME H & H JOHNSON TRUST, INC.
STREET ADDRESS 5652 S.W. COUNTY ROAD 769
CITY-ST-ZIP ARCADIA FL 34269

STREET ADDRESS

CITY-ST-ZIP

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05/11/05--01005--001 **298.75

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 4/11/05 (863)494-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE