


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000623
1. Entity Name
H & H JOHNSON FAMILY PARTNERSHIP, LTD.



Principal Place of Business - Mailing Address
**5652 S.W. COUNTY ROAD 769
ARCADIA FL 34266** - **5652 S.W. COUNTY ROAD 769
ARCADIA FL 34266**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E003 (10/05)
4. FEI Number **65-0922753** Applied For (Not Applicable)
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	STREET ADDRESS	
NAME	H & H JOHNSON TRUST, INC.	CITY - ST - ZIP	
STREET ADDRESS	5652 S.W. COUNTY ROAD 769		
CITY - ST - ZIP	ARCADIA FL 34269		
DOCUMENT #		STREET ADDRESS	U00000424128
NAME		CITY - ST - ZIP	02/18/06-80035-012 500.00
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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: Hilda Johnson