

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

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

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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip 34269	Country
City & State	City & State
Zip 34269	Country

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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>

FILE NOW!!! Fee is \$500. * After May 1, 2007, 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	100094622341
NAME		CITY ST ZIP	03/23/07--01049--015 **500.00
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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: <u>Hilda Johnson</u> Hilda Johnson	3-01-07 (863) 494-3335
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>

FILED
2007 MAR 13 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E003 (10/06)

4. FEI Number 65-0922753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

STAPLE CHECK HERE