

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



FILED

2007 MAR 13 AM 10:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1st MOORE CR2E003 (10/06)

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
34269		34269	
4. FEI Number		Applied For	
65-0922753		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, HILDA 5652 S.W. COUNTY ROAD 769 ARCADIA FL 34266		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code 34269	
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, 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	100094E22341
NAME		CITY ST ZIP	03/23/07--01049--015 **500.00
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
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DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS			
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: Hilda Johnson Hilda Johnson 3-01-07 (863) 494-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date District Phone #

STAPLE CHECK HERE