

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



**FILED**

2007 MAR 13 AM 10:07

SECRETARY OF STATE



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

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

1st MOORE CR2E003 (10/06)

**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 # 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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY ST ZIP	100094622341 03/23/07--01049--015 **500.00
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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 Hilda Johnson 3-01-07 (863) 494-3335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date District Phone #