

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015984 AT

**DOCUMENT # A99000000623**

1. Entity Name  
**H & H JOHNSON FAMILY PARTNERSHIP, LTD.**



**FILED**

03 JAN 17 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

4. FEI Number **65-0922753**

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**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)

**900010184249**

City **0171703--01035--021 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.

9. Capital Contributions as Shown on record. **\$30,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT #	<b>P99000029739</b>
NAME	<b>H &amp; H JOHNSON TRUST, INC.</b>
STREET ADDRESS	<b>5652 S.W. COUNTY ROAD 769</b>
CITY-ST-ZIP	<b>ARCADIA FL 34269</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

*1/16/03 (813) 494-3335*  
Date Daytime Phone #

CR2E003 (10/02)