


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000675</b>			
1. Entity Name H.J.H. & S.G.H., LTD.			
Principal Place of Business 1128 11TH STREET KEY WEST FL 33040		Mailing Address 1128 11TH STREET KEY WEST FL 33040	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  BOHATCH, JOHN S ESQ 2600 DOUGLAS ROAD PENTHOUSE 8 CORAL GABLES FL 33134		4. FEI Number 65-0933946 Applied For Not Applicable	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable		DATE _____	
9. Capital Contributions as Shown on record \$500,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	HAMEL, HANS J	CITY-ST-ZIP	
STREET ADDRESS	1128 11TH STREET		
CITY-ST-ZIP	KEY WEST FL 33040		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	HAMEL, SIEGRID G	CITY-ST-ZIP	
STREET ADDRESS	1128 11TH STREET		
CITY-ST-ZIP	KEY WEST FL 33040		
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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)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		4/4/05 305 294 6215 Date Daytime Phone #	

STAPLE CHECK HERE