


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2006**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

|                                         |                                                                                   |
|-----------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A99000000675</b>          |  |
| 1. Entity Name<br>H.J.H. & S.G.H., LTD. |                                                                                   |

|                                                                      |                                                          |
|----------------------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business<br>1128 11TH STREET<br>KEY WEST FL 33040 | Mailing Address<br>1128 11TH STREET<br>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 |

1st MOORE CR2E003 (10/05)

4. FEI Number **65-0933946** Applied For Not Applicable

|                                                                                                                                         |  |                                                                                                                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>BOHATCH, JOHN S ESQ<br>2600 DOUGLAS ROAD<br>PENTHOUSE 8<br>CORAL GABLES FL 33134 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|

5. Certificate of Status Desired ☐ \$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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, 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 #                      |                   | STREET ADDRESS           |                           |
| NAME                            | HAMEL, HANS J     | CITY - ST - ZIP          |                           |
| STREET ADDRESS                  | 1128 11TH STREET  |                          |                           |
| CITY - ST - ZIP                 | KEY WEST FL 33040 |                          | 100000532254              |
| DOCUMENT #                      |                   | STREET ADDRESS           | 05/06/06-80067-018 500.00 |
| NAME                            | HAMEL, SIEGRID G  | CITY - ST - ZIP          |                           |
| STREET ADDRESS                  | 1128 11TH STREET  |                          |                           |
| CITY - ST - ZIP                 | KEY WEST FL 33040 |                          |                           |
| DOCUMENT #                      |                   | STREET ADDRESS           |                           |
| NAME                            |                   | CITY - ST - ZIP          |                           |
| STREET ADDRESS                  |                   |                          |                           |
| CITY - ST - ZIP                 |                   |                          |                           |
| DOCUMENT #                      |                   | STREET ADDRESS           |                           |
| NAME                            |                   | CITY - ST - ZIP          |                           |
| STREET ADDRESS                  |                   |                          |                           |
| CITY - ST - ZIP                 |                   |                          |                           |
| DOCUMENT #                      |                   | STREET ADDRESS           |                           |
| NAME                            |                   | CITY - ST - ZIP          |                           |
| STREET ADDRESS                  |                   |                          |                           |
| CITY - ST - ZIP                 |                   |                          |                           |

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:**  **HANS J. HAMEL** **4/24/06** **305.294.6215**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #