

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**DOCUMENT # A99000001300**

1. Entity Name  
**TIEGS & HUFF TWO INVESTMENTS, LTD**



**FILED**  
**Jul 09, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**5110 SE BURNING TREE CIR.**  
**STUART, FL 34997**

Mailing Address  
**5110 SE BURNING TREE CIR.**  
**STUART, FL 34997**



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

06032008 Chg-LP CR2E003 (12/06)

4. FEI Number  
**65-0957121**

Applied For  
 Not Applicable

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

**TIEGS, DEL V**  
**5110 SE BURNING TREE CIR.**  
**STUART, FL 34997**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

Signature typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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

**TIEGS, DEL V**  
**5110 SE BURNING TREE CIR.**  
**STUART, FL 34997**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**HUFF, HOWARD C**  
**405 HILLCREST STREET**  
**TALLAHASSEE, FL 32308**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7/3/08**

Date

**772-260-1677**

Daytime Phone #

STAPLE CHECK HERE

*Sign.*