

2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000002858

Entity Name: HOGSHEAD INVESTMENT PARTNERSHIP, LTD.**Current Principal Place of Business:**6464 SW 21ST COURT ROAD
OCALA, FL 34471**Current Mailing Address:**P.O. BOX 6661
OCALA, FL 34478**FEI Number:** 59-3490052**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIOVANNELLI, DOROTHY
6464 SW 21ST COURT ROAD
OCALA, FL 34471 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**General Partner Detail :**

Document

Name DOROTHY ANN GIOVANNELLI FAMILY
TRUST

Address 6464 SW 21ST COURT ROAD

City-State-Zip: OCALA FL 34471

Document

Name MARY JO MOORE FAMILY TRUST

Address PO BOX 540503

City-State-Zip: ORLANDO FL 32854

Document

Document

Name MOORE, MARY JO

Address P.O. BOX 540503

City-State-Zip: ORLANDO FL 32854

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Name RODNEY C HOGSHEAD FAMILY
TRUST

Address PO BOX 871

City-State-Zip: PLYMOUTH FL 32768

Document

Name DOROTHY ANN GIOVANNELLI FAMILY
TRUST

Address 6464 S.W. 21ST COURT ROAD

City-State-Zip: OCALA FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOROTHY GIOVANNELLI**MGR****03/11/2016**_____
Electronic Signature of Signing General Partner Detail_____
Date