

**2017 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 #**

**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**

**03/19/2017**

Electronic Signature of Signing General Partner Detail

Date