
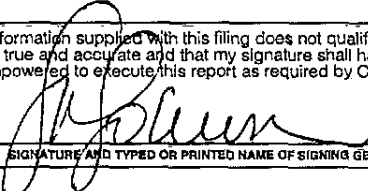


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001798</b> 1. Entity Name <b>W&amp;G JOHNSON FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>269 MASHTA DR.          KEY BISCAVNE, FL 33149</b>			Mailing Address <b>269 MASHTA DR.          KEY BISCAVNE, FL 33149</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>65-1065936</b>
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPCO, INC.          2699 S. BAYSHORE DR., 7TH FL          MIAMI, FL 33133</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE		
9. Capital Contributions as Shown on record. <b>\$2,349,544.00</b>		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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>WALTER ROYLE JOHNSON, JR. REVOCABLE LIVING          % WALTER JOHNSON, 269 MASHTA DR.          KEY BISCAVNE, FL 33149</b>		STREET ADDRESS CITY-ST-ZIP	<b>000000273941          03/23/05 00050 003 526.25</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>GLORIA D.C. JOHNSON REVOCABLE LIVING TRUST          % GLORIA JOHNSON, 269 MASHTA DR.          KEY BISCAVNE, FL 33149</b>		STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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					
<b>SIGNATURE:</b> 			<b>03/15/2005</b> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE