

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000223**

1. Entity Name  
**THE DEJOHN FAMILY LIMITED PARTNERSHIP**



Principal Place of Business <b>4675 RAVENSWOOD ROAD          FORT LAUDERDALE, FL 33312</b>	Mailing Address <b>4675 RAVENSWOOD ROAD          FORT LAUDERDALE, FL 33312</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0726210</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEJOHN, GREGORY  
 4675 RAVENSWOOD ROAD  
 FORT LAUDERDALE, FL 33312**

**DO NOT WRITE IN THIS SPACE**

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 *Gregory C. DeJohn* DATE 01-24-07

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

U00000611139  
 02/02/07-80049-009 500.00

**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	
DOCUMENT #	
NAME	<b>DEJOHN, GREGORY</b>
STREET ADDRESS	<b>4675 RAVENSWOOD ROAD</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE, FL 33312</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Gregory C. DeJohn* DATE 01-24-07 954-961-4222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE