

2001 UNIFORM BUSINESS REPORT (UBR)

0005023 AF

DOCUMENT # A00000001798

1. Entity Name
W&G JOHNSON FAMILY LIMITED PARTNERSHIP

FILED

01 MAY 29 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 269 MASHTA DR. KEY BISCAYNE FL 33149	Mailing Address 269 MASHTA DR. KEY BISCAYNE FL 33149
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DO NOT WRITE IN THIS SPACE **MJH**

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-1065936	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPCO, INC.
2699 S. BAYSHORE DR., 7TH FL
MIAMI FL 33133**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$2,349,544.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 STREET ADDRESS CITY-ST-ZIP	N/A WALTER ROYLE JOHNSON, JR. REVOCABLE LIVING % WALTER JOHNSON, 269 MASHTA DR. KEY BISCAYNE FL 33149
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	N/A GLORIA D.C. JOHNSON REVOCABLE LIVING TRUST % GLORIA JOHNSON, 269 MASHTA DR. KEY BISCAYNE FL 33149
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004422093--4
CITY-ST-ZIP	-06/15/01--01045--011 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: Walter Royle Johnson, Jr. **05/21/2001**

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

CR2E003 (11/00)