

# 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 <b>269 MASHTA DR. KEY BISCAYNE FL 33149</b>	Mailing Address <b>269 MASHTA DR. KEY BISCAYNE FL 33149</b>
--	--



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 <b>65-1065936</b>	Applied For <input type="checkbox"/> 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

**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. <b>\$2,349,544.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	--

**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	<b>N/A WALTER ROYLE JOHNSON, JR. REVOCABLE LIVING % WALTER JOHNSON, 269 MASHTA DR. KEY BISCAYNE FL 33149</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>N/A GLORIA D.C. JOHNSON REVOCABLE LIVING TRUST % GLORIA JOHNSON, 269 MASHTA DR. KEY BISCAYNE FL 33149</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300004422093--4</b>
CITY-ST-ZIP	<b>-06/15/01--01045--011</b> <b>***526.25 ***526.25</b>
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* **05/21/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)