

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

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

DOCUMENT # A00000001798
1. Entity Name
W&G JOHNSON FAMILY LIMITED PARTNERSHIP



Principal Place of Business: **269 MASHTA DR. KEY BISCAVNE, FL 33149**
Mailing Address: **269 MASHTA DR. KEY BISCAVNE, FL 33149**

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



02172005 Chg-LP CR2E003 (10/03)
4. FEI Number: **65-1065936** Applied For: Not Applicable
5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$2,349,544.00**
10. Amount of Capital Contributions in FLORIDA to date: _____

**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 #	WALTER ROYLE JOHNSON, JR. REVOCABLE LIVING TRUST
NAME	% WALTER JOHNSON, 269 MASHTA DR.
STREET ADDRESS	KEY BISCAVNE, FL 33149
CITY-ST-ZIP	
DOCUMENT #	GLORIA D.C. JOHNSON REVOCABLE LIVING TRUST
NAME	% GLORIA JOHNSON, 269 MASHTA DR.
STREET ADDRESS	KEY BISCAVNE, FL 33149
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	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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03/23/05 00050 003 525.25

STAPLE CHECK HERE

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: *[Signature]* DATE: 03/15/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #