

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR -5 AM 9:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A00000001798

1. Entity Name
W&G JOHNSON FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**269 MASHTA DR.
 KEY BISCAYNE, FL 33149**

Mailing Address
**269 MASHTA DR.
 KEY BISCAYNE, FL 33149**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03282007 Chg-LP CR2E003 (12/06)

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

CFRA, LLC
4221 W. BOY SCOUT BLVD.
10TH FLOOR
TAMPA, FL 33607

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.

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

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	STREET ADDRESS	CITY-ST-ZIP
	WALTER ROYLE JOHNSON, JR. REVOCABLE LIVING	C/O GLORIA JOHNSON, 269 MASHTA DR.	KEY BISCAYNE, FL 33149
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	GLORIA D.C. JOHNSON REVOCABLE LIVING TRUST	C/O GLORIA JOHNSON, 269 MASHTA DR.	KEY BISCAYNE, FL 33149
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700096506427
CITY-ST-ZIP	04/11/07--01038--013 **500.00
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 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: *[Signature]* **03/28/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE