

**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
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

**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:** *W Johnson* **03/28/2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE