

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001094

1. Entity Name
E. F. JOHNS, LTD.



Principal Place of Business
**651 NW 45TH AVE
 COCONUT CREEK, FL 33066**

Mailing Address
**651 NW 45TH AVE
 COCONUT CREEK, FL 33066**

2. Principal Place of Business
 Suite, Apt #, etc.

3. Mailing Address
 Suite, Apt #, etc.

City & State
 Zip Country

6. Name and Address of Current Registered Agent
**JOHNS, EARL F
 651 NW 45TH AVE
 COCONUT CREEK, FL 33066**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City



03222004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1128595

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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. **\$10,700,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **10,700.00** **3/29/04**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000013389	STREET ADDRESS	
NAME	JOHNS FAMILY HOLDINGS, LLC	CITY-ST-ZIP	
STREET ADDRESS	651 NW 45TH AVE	STREET ADDRESS	1000000104747
CITY-ST-ZIP	COCONUT CREEK, FL 33066	CITY-ST-ZIP	04/02/04-80001-001 526 25
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP		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: EARL F. JOHNS **3/29/04** **954-972-0488**

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

STAPLE CHECK HERE