

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009691 AT

DOCUMENT # A01000001094

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



FILED

2003 MAY -8 AM 10:47

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



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	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 65-1128595	Applied For
	Not Applicable

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNS, EARL F
651 NW 45TH AVE
COCONUT CREEK FL 33066**

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. \$10,700,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000013389	STREET ADDRESS	
NAME	JOHNS FAMILY HOLDINGS, LLC	CITY-ST-ZIP	
STREET ADDRESS	651 NW 45TH AVE		500018471725
CITY-ST-ZIP	COCONUT CREEK FL 33066		05/08/03--01005--025 **550.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: _____ **SIGNATURE REQUIRED** *Earl F. Johns* **5-3-03** *954* **992-~~448~~**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **0448** Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE