


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

<b>DOCUMENT # A03000001164</b> 1. Entity Name <b>BETTY JEAN JOHNS LIMITED LIABILITY LIMITED PARTNERSHIP, LLP</b>	
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Principal Place of Business <b>404 IRIS STREET CELEBRATION FL 34747</b>	Mailing Address <b>404 IRIS STREET CELEBRATION FL 34747</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

<b>6. Name and Address of Current Registered Agent</b>  <b>SHIRLEY, JONATHAN W 171 CIRCLE DRIVE MAITLAND FL 34747</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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. <b>\$490.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$250,000.00</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 # NAME <b>JOHNS FAMILY INVESTMENTS II, LLC</b> STREET ADDRESS <b>404 IRIS STREET</b> CITY-ST-ZIP <b>CELEBRATION FL 34747</b>	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
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DOCUMENT # NAME _____ 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 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:** Maulin D. Mahoney, Manager **4/8/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

04 APR 30 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



MOORE

CR2E003 (11/03)

4/30

☒ Applied For  
☐ Not Applicable

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

STAPLE CHECK HERE

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