


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<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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**DO NOT WRITE IN THIS SPACE**

FILED

07 MAY 18 PM 4: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04192007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-1204166</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SHIRLEY, JONATHAN W 171 CIRCLE DRIVE MAITLAND, FL 34747</b>	7. Name and Address of New Registered Agent  <b>DO NOT WRITE IN THIS SPACE</b>
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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	<b>JOHNS FAMILY INVESTMENTS II, LLC</b>
STREET ADDRESS	<b>404 IRIS STREET</b>
CITY-ST-ZIP	<b>CELEBRATION, FL 34747</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

900103589369  
05/31/07--01007--011 \*\*1000.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Jonathan W. Shirley, Agent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/07 407-629-8333  
Date Daytime Phone #

STAPLE CHECK HERE