


2003 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A03000001346 1. Entity Name BETTY JEAN JOHNS INVESTMENTS LIMITED LIABILITY LIMITED PARTNERSHIP, LLP	
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FILED
 04 APR 30 PM 3:40

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJH



MOORE CR2E003 (11/03)

4/30

Principal Place of Business 404 IRIS STREET CELEBRATION FL 34747		Mailing Address 404 IRIS STREET CELEBRATION FL 34747	
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	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHIRLEY, JONATHAN W 171 CIRCLE DRIVE MAITLAND FL 32751	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL 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. \$490.00	10. Amount of Capital Contributions in FLORIDA to date. \$2,500,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	L02000029346	STREET ADDRESS	
NAME	JOHNS FAMILY INVESTMENTS I, LLC	CITY-ST-ZIP	400035141774 05/03/04--01010--007 **526.25
STREET ADDRESS	404 IRIS STREET	STREET ADDRESS	
CITY-ST-ZIP	CELEBRATION FL 34747	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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: Maureen A. Habonay Manager **\$** **8/04** **407-3014539**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE