


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

500

DOCUMENT # A03000001346 1. Entity Name BETTY JEAN JOHNS INVESTMENTS LIMITED LIABILITY LIMITED PARTNERSHIP, LLP	
--	---

Principal Place of Business 404 IRIS STREET CELEBRATION, FL 34747	Mailing Address 404 IRIS STREET CELEBRATION, FL 34747
---	---

DO NOT WRITE IN THIS SPACE

FILED
06 MAY 15 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-1204170	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHIRLEY, JONATHAN W 171 CIRCLE DRIVE MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

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 *Jonathan W Shirley* *Jonathan W Shirley* *4-28-06*
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 #	L02000029346
NAME	JOHNS FAMILY INVESTMENTS I, LLC
STREET ADDRESS	404 IRIS STREET
CITY-ST-ZIP	CELEBRATION, FL 34747
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900075547299
05/31/06--01010--013 **1700.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: *Maulyn H. Hoheney, manager* *4/26/06* *407-301-4539*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #