2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A03000001346 FILED BETTY JEAN JOHNS INVESTMENTS LIMITED LIABILITY 07 MAY 18 PM 4: 16 LIMITED PARTNERSHIP, LLP SECRETARY OF STATE FALL AHASSEF, FLORIDA Principal Place of Business Mailing Address **404 IRIS STREET 404 IRIS STREET** CELEBRATION, FL 34747 CELEBRATION, FL 34747 04192007 No Chq-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1204170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHIRLEY, JONATHAN W Street Address (P.O. BOOD & NOTCE WARTE 171 CIRCLE DRIVE MAITLAND, FL 32751 IN THIS SPACE Zip Code City 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 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. L02000029346 DOCUMENT # STREET ADDRESS JOHNS FAMILY INVESTMENTS I, LLC NAME 404 IRIS STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CELEBRATION, FL 34747 05/31/07-01007-011 **1000.00 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CHY+S1-ZIE IN THIS SPACE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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:

STREET ADDRESS CITY-ST-ZIP

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4(30/07

407.629.8333

Daytime Phone ∉