


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A04000001860	
<b>1. Entity Name</b> JOHNSTON-SERGEANT, LTD.	

<b>Principal Place of Business</b> 775 GALLEON DRIVE NAPLES FL 34102	<b>Mailing Address</b> 775 GALLEON DRIVE NAPLES FL 34102
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E003 (10/05)
<b>4. FEI Number</b> 51-0532567	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  JOHNSTON, JAMES A 775 GALLEON DRIVE NAPLES FL 34102	<b>7. Name and Address of New Registered Agent</b> 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.

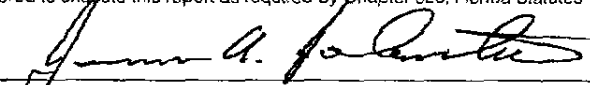
**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and this if applicable **DATE** \_\_\_\_\_

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	
<b>DOCUMENT #</b>	L04000068215	<b>STREET ADDRESS</b>	
<b>NAME</b>	JOHNSTON-SERGEANT MANAGEMENT, LLC	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	775 GALLEON DRIVE		
<b>CITY-ST-ZIP</b>	NAPLES FL 34102		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	000000471474
<b>NAME</b>		<b>CITY-ST-ZIP</b>	03/28/06-80055-022 500.00
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

**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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Ordinary Partner

STAPLE CHECK HERE