


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A05000001533 1. Entity Name LAWRENCE D. JOHNSON FAMILY LIMITED PARTNERSHIP	
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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:45

Principal Place of Business 5500 COLLINS AVENUE APARTMENT 2003 MIAMI BEACH FL 33140	Mailing Address 5500 COLLINS AVENUE APARTMENT 2003 MIAMI BEACH FL 33140
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

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

6. Name and Address of Current Registered Agent MORGAN, JR, CHARLES O ESQ 1300 NORTHWEST 167TH STREET SUITE 3 MIAMI FL 33169	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.

FILE NOW!!! Fee is \$500.*. After May 1, 2008, 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
DOCUMENT # NAME JOHNSON, KEITH A TRUSTEE STREET ADDRESS 5500 COLLINS AVENUE APARTMENT 2003 CITY-ST-ZIP MIAMI BEACH FL 33140	STREET ADDRESS 2670 Palmer Place CITY-ST-ZIP Westin, FL. 33332 100120708181 03/19/08--01010--006 **500.00

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: *Keith A. Johnson* **Keith A. Johnson** **2-21-08** **954-445-5201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #