

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A07000000598

1. Entity Name
JOHANNESON ENTERPRISES LIMITED PARTNERSHIP



Principal Place of Business
**820 WEST COPELAND DRIVE
 MARCO ISLAND, FL 34145**

Mailing Address
**820 WEST COPELAND DRIVE
 MARCO ISLAND, FL 34145**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6501 E. BELLEVUE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400 - Amb

City & State

City & State

Englewood CO

Zip

Country

Zip

80111 6070

Country

07072008

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-8891260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHANNESON, GERALD B
 820 WEST COPELAND DRIVE
 MARCO ISLAND, FL 34145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

Signature, typed or printed name of registered agent and title if applicable

DATE

9/11/2008

**FILE NOW!!! FEE IS \$500.00
 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 # **P07000037587**
 NAME **GB JOHANNESON VENTURES GP, INC.**
 STREET ADDRESS **820 WEST COPELAND DRIVE**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200135988242
 09/16/08--01040--012 **500.00**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/11/2008

Day

Daytime Phone #

STAPLE CHECK HERE