

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 13 AM 10:12

<b>DOCUMENT # A31081</b> 1. Entity Name <b>JOHNSTONE GROUP, LIMITED</b>					
Principal Place of Business <b>% FARVIEW GOLF COURSE 2419 AVON-GENESE ROAD AVON, NY 14414</b>			Mailing Address <b>4420 BEACON CIRCLE, SUITE 100 WEST PALM BEACH, FL 33407</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MILLAR, STEWART 305 QUAILS RUN PASS WINTER HAVEN, FL 33884</b>				Name <b>Conrad Damon</b> Street Address (P.O. Box Number is Not Acceptable) <b>4420 Beacon Circle, Suite 100</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33407</b>	
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 <b>4/05/05</b>					
9. Capital Contributions as Shown on record. <b>\$1,080,980.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>0</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L94801		STREET ADDRESS		
NAME	MILLAR-FARVIEW CORP.		CITY-ST-ZIP		
STREET ADDRESS	2419 AVON-GENESE ROAD		STREET ADDRESS		
CITY-ST-ZIP	AVON, NY 14414		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>STEWART MILLAR</b>			Date <b>3/29/05</b> Daytime Phone # <b>(863) 318-1423</b>		

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