

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 MAY 28 AM 10:38

DOCUMENT # A31081 1. Entity Name JOHNSTONE GROUP, LIMITED					
Principal Place of Business % FARVIEW GOLF COURSE 2419 AVON-GENESE ROAD AVON, NY 14414			Mailing Address 4420 BEACON CIRCLE, SUITE 100 WEST PALM BEACH, FL 33407		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 65-0228987	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAMON, CONRAD 4420 BEACON CIRCLE SUITE 100 WEST PALM BEACH, FL 33407				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.				Applied For Not Applicable	
SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	L94801 MILLAR-FARVIEW CORP. 2419 AVON-GENESE ROAD AVON, NY 14414		STREET ADDRESS CITY- ST- ZIP		
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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: <u>John S. Sorce President</u> 4/24/08 585226 8210 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					



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FL Zip Code

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