

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Jan 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000002087</b> 1. Entity Name <b>THE GLENN AND DOROTHY JOHNSON FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>2430 NW 73RD PLACE          GAINESVILLE, FL 32653</b>			Mailing Address <b>2430 NW 73RD PLACE          GAINESVILLE, FL 32653</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3376689</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOHNSON, W. G. JR.          2430 NW 73RD PLACE          GAINESVILLE, FL 32653</b>			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.			DATE		
9. Capital Contributions as Shown on record. <b>\$429,315.48</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>JOHNSON, W. G. JR.          2430 NW 73RD PLACE          GAINESVILLE, FL 32653</b>		STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>JOHNSON, DOROTHY N          2430 NW 73RD PLACE          GAINESVILLE, FL 32653</b>		STREET ADDRESS CITY - ST - ZIP	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 exemption stated in Section 119.07(3)(f), 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					
<b>SIGNATURE: Dorothy N. Johnson</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			<b>1-12-2004</b> Date		<b>1-352-376-6219</b> Daytime Phone #



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