


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000002087 1. Entity Name THE GLENN AND DOROTHY JOHNSON FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 2430 NW 73RD PLACE GAINESVILLE FL 32653	Mailing Address 2430 NW 73RD PLACE GAINESVILLE FL 32653
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2. Principal Place of Business Suite, Apt #, etc. City & State Zip	3. Mailing Address Suite, Apt #, etc. City & State Zip
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1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent JOHNSON, W. G. JR. 2430 NW 73RD PLACE GAINESVILLE FL 32653	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
9. Capital Contributions as Shown on record. \$429,315.48	10. Amount of Capital Contributions in FLORIDA to date.	

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 #	JOHNSON, W. G. JR.	STREET ADDRESS	
NAME	2430 NW 73RD PLACE	CITY- ST- ZIP	000000229961 02/15/05-80023-006 526.25
STREET ADDRESS	GAINESVILLE FL 32653		
CITY- ST- ZIP			
DOCUMENT #	JOHNSON, DOROTHY N	STREET ADDRESS	
NAME	2430 NW 73RD PLACE	CITY- ST- ZIP	
STREET ADDRESS	GAINESVILLE FL 32653		
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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)(l), 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 *Dorothy N. Johnson* **Dorothy N. Johnson, Partner** 1-352-376-6219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
1-25-2005 Date Daytime Phone #

STAPLE CHECK HERE