

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A95000002087**

1. Entity Name  
**THE GLENN AND DOROTHY JOHNSON FAMILY LIMITED PARTNERSHIP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JAN 27 AM 11:56

Principal Place of Business  
**2430 NW 73RD PLACE  
GAINESVILLE, FL 32653**

Mailing Address  
**2430 NW 73RD PLACE  
GAINESVILLE, FL 32653**

**DO NOT WRITE IN THIS SPACE**

01262006 No Chg-LP CR2E003 (11/05)

4. FEI Number  
**59-3376689**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JOHNSON, W. G. JR.  
2430 NW 73RD PLACE  
GAINESVILLE, FL 32653**

**DO NOT WRITE  
IN THIS SPACE**

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JOHNSON, W. G. JR.  
2430 NW 73RD PLACE  
GAINESVILLE, FL 32653**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JOHNSON, DOROTHY N  
2430 NW 73RD PLACE  
GAINESVILLE, FL 32653**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

700064998117  
02/01/06--01076--014 \*\*\$500.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE