

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A95000002087

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



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

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JAN 27 AM 11:56

DO NOT WRITE IN THIS SPACE

01262006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3376689	Applied For <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/> \$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 #	JOHNSON, W. G. JR.
NAME	
STREET ADDRESS	2430 NW 73RD PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32653

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

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

**DO NOT WRITE
 IN THIS SPACE**

STAPLE CHECK HERE

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 #