


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

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	
2. Principal Place of Business - No P.O. Box # 2430 NW 73rd Place		3. Mailing Address SAME	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Gainesville, FL		City & State 	
Zip 32653		Country Alachua	
4. FEI Number 59-3376689		Applied For <input type="checkbox"/> Not Applicable	
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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>			
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.			
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	JOHNSON, W. G. JR. 2430 NW 73RD PLACE GAINESVILLE FL 32653	STREET ADDRESS CITY - ST - ZIP	000000614457 02/06/07-80031-015 500.00
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1st MOORE CR2E003 (10/06)

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:  **1-29-07 1-352-376-6219**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #