


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

<b>DOCUMENT # A95000002087</b> 1. Entity Name <b>THE GLENN AND DOROTHY JOHNSON FAMILY LIMITED PARTNERSHIP</b>	
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**FILED**  
08 FEB 19 PM 12:34



Principal Place of Business <b>2430 NW 73RD PLACE GAINESVILLE FL 32653</b>	Mailing Address <b>2430 NW 73RD PLACE GAINESVILLE FL 32653</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number <b>59-3376689</b> Applied For <input type="checkbox"/> Not Applicable
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1st MOORE CR2E003 (10/07)

<b>6. Name and Address of Current Registered Agent</b> <b>JOHNSON, W. G. JR.</b> <b>2430 NW 73RD PLACE</b> <b>GAINESVILLE FL 32653</b>	<b>7. Name and Address of New Registered Agent</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, 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	
DOCUMENT # NAME <i>W.G. Johnson</i> STREET ADDRESS CITY-ST-ZIP <b>JOHNSON, W. G. JR.</b> <b>2430 NW 73RD PLACE</b> <b>GAINESVILLE FL 32653</b>	DOCUMENT # NAME <i>Dorothy N. Johnson</i> STREET ADDRESS CITY-ST-ZIP <b>JOHNSON, DOROTHY N</b> <b>2430 NW 73RD PLACE</b> <b>GAINESVILLE FL 32653</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	700118062327
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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: *Dorothy N. Johnson*  
 Dorothy N. Johnson  
 Secretary, Treasurer

1-29-08 1-352-376-6219

STAPLE CHECK HERE