

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 19 AM 9:01

DOCUMENT # A96000000908

1. Entity Name
J. FRED JOHNSON FAMILY LIMITED PARTNERSHIP



Principal Place of Business
6852 CRYSTAL LAKE RD.
KEYSTONE HTS, FL 32656

Mailing Address
6852 CRYSTAL LAKE RD.
KEYSTONE HTS, FL 32656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08022005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3382214

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALY, KEVIN
4041 NW 37TH PLACE
SUITE B
GAINESVILLE, FL 32606

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

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

DATE

9. Capital Contributions as Shown on record. \$250,000.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # P95000063001
NAME NEW HOPE ENTERPRISES, INC.
STREET ADDRESS 6852 CRYSTAL LAKE ROAD
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

STREET ADDRESS

CITY-ST-ZIP

900058959269
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STREET ADDRESS

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)(i), 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

J. FRED JOHNSON
GENERAL PARTNER - NEW HOPE

8/18/05

(352) 473-8804

Date

Daytime Phone #

STAPLE CHECK HERE