## 2000 UNIFORM BUSINESS REPORT (UBR) A96000001034 **DOCUMENT#** OIVISION OF CHRPORATIONS 1. Entity Name JOHNSTON FAMILY LIMITED PARTNERSHIP 00 APR 28 AM 3: 05 Principal Place of Business Mailing Address 16580 SENTERRA DRIVE 16580 SENTERRA DRIVE DEL RAY BEACH FL 33484 **DEL RAY BEACH FL 33484-6985** 2. Principal Place of Business 3. Mailing Address 1065 Del Haven Dr. 1065 DO NOT WRITE IN THIS SPACE Applied For State 4. FEI Number City & State 65-0695131 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSTON, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 16580 SENTERRA DR. DEL RAY BEACH FL 33484 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,970,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS JOHNSTON, ROBERT E NAME 16580 SENTERRA DRIVE STREET ADDRESS CITY-ST-7IP DEL RAY BEACH FL 33484 CITY-ST-ZIP DOCUMENT : STREET ADDRESS O'HEARNE, MARY NAME **401 EAST 34TH STREET** STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10016** CITY-ST-ZIP DOCUMENT # STREET ADDRESS GUGELOT, DIEDRE 333 CENTRAL PARK WEST STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10025 CITY-ST-70 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI DOCUMENT STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CDY-ST-7IP

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 accurage and trief 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 employered to execute this leport as required by Chapter 620, Florida Statutes

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

Daytime Phone #