2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001034

1. Entity Name

JOHNSTON FAMILY LIMITED PARTNERSHIP

FILED
01 MAR 19 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1065 DEL HAVEN DRIVE DEL RAY BEACH FL 33483	1065 DEL HAVEN DRIVE DEL RAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE MJH

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0695131 ☐ 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
JOHNSTON, ROBERT E 16580 SENTERRA DR. DEL RAY BEACH FL 33484 (Delete)	Name DEIRDRE Gugelot Street Address (P.O. Box Number is Not Acceptable) 1065 DEL HAVEN DR City DELRAY BEACH FL Zip Code 33483

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 _____ 2/13/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$2,970,000.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	Deceased
NAME	JOHNSTON, ROBERT E	CITY-ST-ZIP	300003931303--3 -03/30/01--01052--009 ****526.25 ****526.25
STREET ADDRESS	1065 DEL HAVEN DRIVE		
CITY-ST-ZIP	DEL RAY BEACH FL 33483		
DOCUMENT #		STREET ADDRESS	
NAME	O'HEARNE, MARY		
STREET ADDRESS	301 EAST 78TH ST., APT. 5H	CITY-ST-ZIP	
CITY-ST-ZIP	NEW YORK NY 10021		
DOCUMENT #		STREET ADDRESS	1065 Del Haven Dr
NAME	GUGELOT, DIEDRE DEIRDRE	CITY-ST-ZIP	Delray Beach Fl 33483
STREET ADDRESS	1284 LLEWELLEN DRIVE		
CITY-ST-ZIP	MOUNT PLEASANT SC 29464		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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 REQUIRED 2/13/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)

000891 AF