


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Feb-08, 2005 08:00 AM
Secretary of State**

DOCUMENT # A9700000223

1. Entity Name
THE DEJOHN FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
4675 RAVENSWOOD ROAD 4675 RAVENSWOOD ROAD
FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312

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



01282005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-0726210 Not Applicable

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

6. Name and Address of Current Registered Agent

DEJOHN, GREGORY
4675 RAVENSWOOD ROAD
FORT LAUDERDALE, FL 33312

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: *Gregory C. DeJohn* DATE: 2-1-05

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

9. Capital Contributions as Shown on record **\$840,000.00** 10. Amount of Capital Contributions in FLORIDA to date.

**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 #	DEJOHN, GREGORY	STREET ADDRESS	
NAME	4675 RAVENSWOOD ROAD	CITY-ST-ZIP	
STREET ADDRESS	FORT LAUDERDALE, FL 33312		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000000219968
NAME		CITY-ST-ZIP	02/08/05-80049-010 526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gregory C. DeJohn* DATE: 2-1-05 Daytime Phone #: 954 9614222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #