


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000001563	
1. Entity Name JOHNS FAMILY LIMITED PARTNERSHIP, LTD.	

Principal Place of Business 36 MIRUELA AVENUE ST. AUGUSTINE FL 32080-3817	Mailing Address 36 MIRUELA AVENUE ST. AUGUSTINE FL 32080-3817
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number 59-3472337	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNS, CHARLOTTE B 36 MIRUELA AVENUE ST. AUGUSTINE FL 32084	7. Name and Address of New Registered Agent 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, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P97000054204	NAME NORTHGATE OF ST. AUGUSTINE, INC.	STREET ADDRESS	
STREET ADDRESS 36 MIRUELA AVENUE	CITY-STATE-ZIP ST. AUGUSTINE FL 32084	CITY-STATE-ZIP	
DOCUMENT #		STREET ADDRESS	U000000619230
NAME		CITY-STATE-ZIP	02/08/07-80062-013 500.00
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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NAME		CITY-STATE-ZIP	
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CITY-STATE-ZIP		CITY-STATE-ZIP	

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: Charlotte B. Johns Charlotte B. Johns, President 1-30-2007 904-834-8194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE