

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC -4 AM 9:12

*with
12/6*

1. Name of Limited Partnership

1a. DOCUMENT #

*JOHNSON
INVESTMENTS LTP*

A97000002267

Mailing Address

Principal Office Address

*PO BOX 150
BOCA GRANDE FL
33040*

*300 GASPARIUS ST.
BOCA GRANDE FL*

3. Date Formed or Registered

5a. Capital Contributions as Shown on record.

SEPT. 23, 1997

1,000,000

3a. Date of Last Report

1,000,000

4. State or Country of Formation

5b. Amount of Capital Contributions in FLORIDA to date:

FLORIDA

1,000,000

6. FEI Number

☐ Applied For
☐ Not Applicable

650790440

7. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

*MIKE ANNIS
Suite 2100
ONE TAMPA CITY CENTER
PO BOX 3433
TAMPA, FL 33601*

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

CARRIE M. JOHNSON

*320 Gasparilla St.
Boca Grande FL 33921*

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

CARRIE M. JOHNSON

*320 GASPARIUS ST.
BOCA GRANDE FL 33921*

ROBERT W. JOHNSON

*304 WHITEHEAD
KEY WEST FL*

800002367488-2
-12/03/97-01106-010
*****541.25 ***541.25**

Not: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE *12-5-97*

Typed or Printed Name of General Partner Signing Form

ROBERT W. JOHNSON

Daytime Telephone Number

305 296 4006

CR2E003 (6/97)