2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002267

1. Entity Name

JOHNSON INVESTMENTS, LTD.

Principal Place of Business	Mailing Address
320 GASPARILLA STREET BOCA GRANDE FL 33921	P.O. BOX 156 BOCA GRANDE FL 33921
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED

01 MAY 21 AM 7:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0790440   Applied For / Not Applicable

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

---

6. Name and Address of Current Registered Agent

JOHNSON, CARRIE M
320 GASPARILLA STREET
BOCA GRANDE FL 33921

7. Name and Address of New Registered Agent

Name Robert W. Johnson

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

324 Whitehead St.

City Key West   FL Zip Code 33040

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)_   5-17-01

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. $1,200,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # NAME JOHNSON, CARRIE M STREET ADDRESS 320 GASPARILLA STREET CITY-ST-ZIP BOCA GRANDE FL 33921	STREET ADDRESS 324 Whitehead St. CITY-ST-ZIP Key West FL 33040
DOCUMENT # NAME JOHNSON, ROBERT W STREET ADDRESS 324 WHITEHEAD STREET CITY-ST-ZIP KEY WEST FL 33040	STREET ADDRESS 20000441889---6 CITY-ST-ZIP -06/14/01--01007--012 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 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)_   4/12/01

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