


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 AUG -1 AM 9:40

DOCUMENT # A97000002893 1. Entity Name G.O. JOHNSON FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 3422 FLORIDA AVE PANAMA CITY, FL 32405	Mailing Address 3422 FLORIDA AVE PANAMA CITY, FL 32405
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

[Handwritten Signature]



02132006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3488421		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, GRADY O 3422 FLORIDA AVE PANAMA CITY, FL 32405	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	JOHNSON, GRADY O		
	3422 FLORIDA AVE		
	PANAMA CITY, FL 32405		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	JOHNSON, HELGA		
	3422 FLORIDA AVE		
	PANAMA CITY, FL 32405		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

600078465406
 08/08/06--01022--021 **900.00

STAPLE CHECK HERE

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: <i>Grady O Johnson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date <i>7-28-06</i>	Daytime Phone # <i>850-785-3523</i>
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