2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A98000000281

1. Entity Name
JOHNSON DOUGLASS LLLP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 18 AM 11:16

Principal Place of Business	Mailing Address
9540 CYPRESS LAKE DRIVE FORT MYERS, FL 33919	9540 CYPRESS LAKE DRIVE FORT MYERS, FL 33919

01122006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
571 PECK AVENUE	571 PECK AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State: FORT MYERS FL
Zip: 33919 Country: USA	Zip: 33919 Country: USA

4. FEI Number: 65-0802596 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOUGLASS, PAUL R 9540 CYPRESS LAKE DRIVE FORT MYERS, FL 33919	Name: DOUGLASS, PAUL R. Street Address (P.O. Box Number is Not Acceptable): 571 PECK AVENUE City: FORT MYERS FL Zip Code: 33919

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: Paul R. Douglass, DVM — DATE: 1-13-06
Signature, typed or printed name of registered agent and title if applicable.

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 #		STREET ADDRESS	571 PECK AVENUE
NAME	DOUGLASS, PAUL R TRUSTEE	CITY-ST-ZIP	FORT MYERS, FL 33919
STREET ADDRESS	9540 CYPRESS LAKE DRIVE		
CITY-ST-ZIP	FORT MYERS, FL 33919		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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: Paul R. Douglass, DVM — 1-13-06 — 2394810950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #