

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017769 AB

DOCUMENT # B94000000427

1. Entity Name
JOHNSON INVESTORS LIMITED PARTNERSHIP



FILED

03 APR 28 AM 11:23

SECRETARY OF STATE



Principal Place of Business
250 FIRST AVENUE SUITE 200
NEEDHAM MA 02494-2805

Mailing Address
250 FIRST AVENUE SUITE 200
NEEDHAM MA 02494-2805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 04-3247517

Applied For
Not Applicable

Zip Country

Zip Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

9. Capital Contributions as Shown on record. \$100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # F94000005516
NAME HH GROUP, INC.
STREET ADDRESS 250 FIRST AVENUE SUITE 200
CITY-ST-ZIP NEEDHAM MA 02494-2805

STREET ADDRESS

CITY-ST-ZIP

900017120009

04/28/03--01013--017 **535.00

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 18, 2003 781-707-4000

Date

Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE