

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90116 022 ****50.00

DOCUMENT # L00000012872

1. Entity Name

JOHNSON FAMILY LLC



Principal Place of Business

230 7TH AVENUE NORTH
NAPLES FL 34102

Mailing Address

230 7TH AVENUE NORTH
NAPLES FL 34102

2. Principal Place of Business

315 7th Ave. North

Suite, Apt. #, etc.

3. Mailing Address

315 7th Ave. No.

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

4. FEI Number

59-3681954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT T JR.
230 7TH AVENUE NO.
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

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

315 7th Avenue North

City

NAPLES

FL

Zip Code

34102

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

Robert T. Johnson

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME JOHNSON, ROBERT T JR.
STREET ADDRESS 230 7TH AVE. NO.
CITY-ST-ZIP NAPLES FL 34102

TITLE MGRM ☐ Delete
NAME JOHNSON, BETSIE B
STREET ADDRESS 230 7TH AVE. NO.
CITY-ST-ZIP NAPLES FL 34102

TITLE MGRM ☐ Delete
NAME JOHNSON, BLAKE R
STREET ADDRESS 1330 ASBURY AVE
CITY-ST-ZIP WINNETKA IL 60093

TITLE MGRM ☐ Delete
NAME JOHNSON, LISA S
STREET ADDRESS 1330 ASBURY AVE
CITY-ST-ZIP WINNETKA IL 60093

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 315 7th Avenue North
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 315 7th Avenue North
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Robert T. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #