

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000012872

Entity Name: JOHNSON FAMILY LLC

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

315 7TH AVE. NORTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

315 7TH AVE. NORTH  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 59-3681954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, ROBERT T JR.  
315 7TH AVE. NORTH  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOHNSON, ROBERT T JR.  
Address: 315 7TH AVE. NORTH  
City-St-Zip: NAPLES, FL 34102

Title: MGRM  
Name: JOHNSON, BETSIE B  
Address: 315 7TH AVE. NORTH  
City-St-Zip: NAPLES, FL 34102

Title: MGRM  
Name: JOHNSON, BLAKE R  
Address: 1330 ASBURY AVE  
City-St-Zip: WINNETKA, IL 60093

Title: MGRM  
Name: JOHNSON, LISA S  
Address: 1330 ASBURY AVE  
City-St-Zip: WINNETKA, IL 60093

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 JR.

MM

04/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date