2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

DOCUMENT # L01000011729

Country

1. Entity Name

SANIBEL FL 33957

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

979 EAST GULF ### # 582

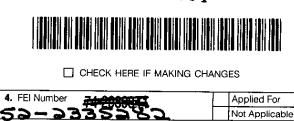
JOHNSON RENTALS OF SOUTHWEST FLORIDA II, LLC



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90226 037 ****50.00

20009064



5. Certificate of Status Desired

\$5.00 Additional

Zip Code

Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOLISH, THERESA M 1715 MONROE STREET Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33901

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.

City

Country

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

Mailing Address
3371 FORREST

DENTON TX 76210

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change CR2E083 (10/02) ☐ Addition NAME JOHNSON, ARTHUR N NAME STREET ADDRESS 3371 FOREST GLEN DRIVE STREET ADDRESS CiTY-ST-ZIP **DENTON TX 76205** CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JOHNSON, NORMA F NAME STREET ADDRESS 3371 FOREST GLEN DRIVE STREET ADDRESS CITY-ST-ZIP DENTON-TX-76205 ----CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED OR PRINTED NAME

-9-03 940-321-2808

E Date Date Davime Phone #