

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90221 009 ****50.00

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1. Entity Name
JOHNS FAMILY HOLDINGS, L.L.C.



Principal Place of Business
651 NW 45TH AVE.
COCONUT CREEK, FL 33066

Mailing Address
651 NW 45TH AVE.
COCONUT CREEK, FL 33066

24032872



03222004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1128593

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHN, EARL F
651 NW 45TH AVE.
COCONUT CREEK, FL 33066

**DO NOT WRITE
IN THIS SPACE**

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

EARL F. JOHNS

3/29/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JOHNS, EARL F
651 N W 45TH AVE
COCONUT CREEK, FL 83066

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HOUSTON, DIXIE
132 INTRA-COASTAL CIRCLE
TEQUESTA, FL 33469

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JOHNS, DANIEL F
4850 S W 51ST TERRACE
OCALA, FL 32674

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

EARL F. JOHNS

3/29/04

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

Date

Daytime Phone #