

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # LQ1000013389

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



03112005No 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 <input type="checkbox"/>	\$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

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	JOHNS, EARL F
STREET ADDRESS	651 N W 45TH AVE
CITY-ST-ZIP	COCONUT CREEK, FL 33066

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000301743  
04/13/05-80044-011 50.00

**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)(f), 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:

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

Date

Daytime Phone #

*Earl F. Johns*

4/9/05 954-972-0448