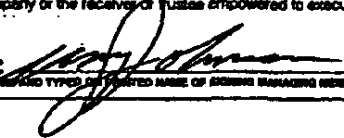


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

01-30-2004 90002 005 ****50.00

DOCUMENT # L01000015233			
1. Entity Name W.R. JOHNSON AND ASSOCIATES, LLC			
Principal Place of Business 3928 BAYMEADOWS ROAD JACKSONVILLE, FL 32217		Mailing Address 3928 BAYMEADOWS ROAD P.O. Box 2440 JACKSONVILLE, FL 32217 32241	
2. Principal Place of Business Suits, Apt. #, etc.		3. Mailing Address P.O. Box 24405 Suits, Apt. #, etc.	
City & State		City & State JACKSONVILLE, FL	
Zip		Zip 32241	
Country		Country USA	
4. FEI Number 01-0647807		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent JOHNSON, W.R. 3928 BAYMEADOWS ROAD JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent	
SIGNATURE		DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
8. MANAGING MEMBERS / MANAGERS		9. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OF Managing Member <input type="checkbox"/> Delete JOHNSON, WILLIAM R 3928 BAYMEADOWS RD. JACKSONVILLE, FL 32217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE	

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01272004 Chg-LLC CR2E083 (10/03)