

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012683

FILED
Jan 22, 2004
Secretary of State

Entity Name: JOHNSTON & JOHNSTON, LLC

Current Principal Place of Business:

16603 OLD MB 41
FORT MYERS, FL 33912

New Principal Place of Business:

1449 VENETIAN CT
CAPE CORAL, FL 33904

Current Mailing Address:

16603 OLD MB 41
FORT MYERS, FL 33912

New Mailing Address:

1449 VENETIAN CT
CAPE CORAL, FL 33904

FEI Number: 33-1008067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, THEODORE
1203 WALDEN DRIVE
FORT MYERS, FL 33901

Name and Address of New Registered Agent:

HIMMEL, JOHN E
1449 VENETIAN CT
CAPE CORAL, FL 33904

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: JOHN E HIMMEL

01/22/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: PD () Delete
Name: JOHNSTON, RICHARD
Address: 1425 ROSAN WAY
City-St-Zip: FORT MYERS, FL 33901

Title: VSTD () Delete
Name: THEODORE, JOHNSTON
Address: 1200 WALDEN DRIVE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSTON, RICHARD
Address: 1425 ROSAN WAY
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM (X) Change () Addition
Name: HIMMEL, JOHN E
Address: 1449 VENETIAN CT
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN E. HIMMEL

MGRM

01/22/2004

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