2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: LEW TOTH DOWN
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Anr 27, 2005 08:00 AM

		AITITUA	LKEPOKI				zypi 4/	, 2003 00	·UU A	
DOCUMENT # L02000015075						Secretary of State				
1. Entity Name								J		
JOHNSON INVESTMENTS GROUP, ELC						!				
Principal Plac	e of Busines	· · · · · · · · · · · · · · · · · · ·	Mailing Address							
18301 NW 2ND COURT 18301 NW 2ND COURT						[
MIAMI, FL 33169 MIAMI, FL 33169						ļ				
								I DVINI ATREI OXIII DOIM IOROS IS	ATTE AL ITAL	
2. Principal F	lace of Busin	ness	3. Mailing Address	3. Mailing Address						
Suite, Apt #, etc.			Suite, Apt. #, etc.			04222005	Chg-LLC	CR2E083 (10/03)	<u></u>	
City & State			City & State		4. FE! Numb 26-005		} 	pplied For of Applicable		
Zip	Country		Zip	Zip Coun		5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name	and Address of Curre	nt Registered Agent			7. Name and Address of New Registered Agent				
JOHNSON	I KINO N				Name					
1461 SW 9	97TH AVE			Street Address		P.O. Box Numb	er is Not Acceptable)		
HOLLYWO	OOD, FL 3	33025	· · · · · · · · · · · · · · · · · · ·					<u> </u>		
					City			FL Zip Cod	e .	
8. The above	named entity	y submits this statement	for the purpose of changing its	egister	 ed office or register	ed agent, or bo	th, in the State of Flo.		and accept	
the obligations of registered agent. SIGNATURE										
OIGHATORE.	Signature, typed	or printed name of registered age	nt and title if applicable. (NOTE	Hegistere	d Agent signature required	when reinstating)		DATE		
	iling Fee i ue by May						Make check payable to Florida Department of State			
9.		MANAGING MEME	 BÈRS/MANAGERS	10,			ADDITIONS/	CHANGES		
TITLE	MGR .		. Delete	1018	E			☐ Change	☐ Addition	
NAME	JOHNSON, LEN		NAME			U00000	1337083			
STREET ADDRESS CITY-ST-ZIP	s 18301 NW 2ND COURT MIAMI, FL 33169			STREE CITY-		04/27/05-80154-009 50.00		0.00		
TITLE			□ Delete	Delele TITLE				☐ Change	Addition	
NAME			CLS PORTO	NAM						
STREET ADDRESS CITY-ST-ZIP	ss				ET ADDRESS - ST - ZIP					
TITLE		 -	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			LI Delete _ NAMI		i			Change	☐ YOUNG	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP		······································			-S1-21P					
TITLE			Delete	TITLE NAM	l			☐ Change	☐ Addition	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE	1			Change	Addition	
NAME STREET ADDRESS				NAM STRE	E Et address				1	
CITY-ST-ZIP					- ST - ZIP					
TITLE			☐ Delete	THILE		<u></u>		☐ Change	☐ Addition	
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP	_		•		ET ADORESS - ST-ZIP				1	
11. Thereby c	ertify that the	information suppliedwit	h this filing does not qualify for t	he exer	motion stated in Sec	zion 119.07(วิกัก). Florida Statutes 1:	further certify that the in	formation	
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this report is true and accorded 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.										
CIONATURE (EA) Torriban							Alada	5 (305)655	-	
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENT.						TATIVE	Date Date	Daylime Phone *	7,13	