2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000015076

1. Entity Name
JOHNSON, JOHNSON & ASSOC., LLC

60036553

Principal Place of Business	Mailing Address
18301 NW 2ND COURT SUITE 300 MIAMI, FL 33169	18301 NW 2ND COURT SUITE 300 MIAMI, FL 33169

04192006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
26-0056253

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
JOHNSON INVESTMENTS GROUP, LLC 18301 NW 2ND COURT MIAMI, FL 33169	Name *Len Johnson* Street Address (P.O. Box Number is Not Acceptable) *18301 NW 2 CT* *MIAMI FL 33169* City *MIAMI* FL Zip Code *33169*

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 _____ PRES JIG, LLC _____ *Johnson* _____ 4/25/06 _____
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, 2006

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		**10.**	ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	JOHNSON, LEN		NAME			
STREET ADDRESS	18301 NW 2'ND COURT		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ *Johnson* _____ 4/25/06 (305)318-1007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #