

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000017706**

1. Entity Name  
**SINGER & JOHNSTON, LLC**



Principal Place of Business  
**1329 BEDFORD DRIVE, SUITE 1  
MELBOURNE, FL 32940**

Mailing Address  
**1329 BEDFORD DRIVE, SUITE 1  
MELBOURNE, FL 32940**

**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**16-1615263**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SINGER, RICHARD C ESQ  
1329 BEDFORD DRIVE, SUITE 1  
MELBOURNE, FL 32940**

**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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
RICHARD C. SINGER, P.A.  
1329 BEDFORD DRIVE  
MELBOURNE, FL 32940**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KATHRYN B. JOHNSTON, P.A.  
1962 26TH AVENUE  
VERO BEACH, FL 32960**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

U000000122661  
04/21/04-80038-009 50.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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:** *Kathryn Johnston* **4-19-04**

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

Date

Daytime Phone #

**772-587-5641**