


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000017706</b> 1. Entity Name SINGER & JOHNSTON, LLC	
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Principal Place of Business 1329 BEDFORD DRIVE, SUITE 1 MELBOURNE, FL 32940	Mailing Address 1329 BEDFORD DRIVE, SUITE 1 MELBOURNE, FL 32940
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**DO NOT WRITE IN THIS SPACE**



02192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 16-1615263	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SINGER, RICHARD C ESQ 1329 BEDFORD DRIVE, SUITE 1 MELBOURNE, FL 32940
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**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

**Filing Fee is \$50.00  
Due by May 1, 2005**

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
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04/14/05-80057-019 150.00

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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:** Richard C. Singer **4/12/05 431-254-2280**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #