2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025229

Entity Name: JOHNSON FAMILY MANAGEMENT, LLC

84 SOUTH ST. ANDREWS DRIVE

ORMOND BEACH, FL 321743857

Address:

City-St-Zip:

FILED Apr 10, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|--|---|---------------------------------------|
| 84 SOUTH ST. ANI ORMOND BEACH, | | | |
| Current Mailing Address: | | New Mailing Address: | |
| 84 SOUTH ST. ANI ORMOND BEACH, | | | |
| FEI Number: | FEI Number Applied For () | FEI Number Not Applicable (X) | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| JOHNSON, W. RO 84 SOUTH ST. ANI ORMOND BEACH, | DREWS DRIVE | | |
| The above named of in the State of Florid | entity submits this statement for the place. | ourpose of changing its registered | d office or registered agent, or both |
| SIGNATURE: | | | |
| Electronic Signature of Registered Ag | | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | |
| Title: MGR Name: JOHNSO | () Delete DN, W. RONALD | Title: Name: | () Change () Addition |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: W. RONALD JOHNSON MGR 04/10/2009