## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L02000029346 FILED 1. Entity Name JOHNS FAMILY INVESTMENTS I. LLC 06 MAY 15 PM 2: 32 SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 171 CIRCLE DR **404 IRIS STREET** MAITLAND, FL 32751 CELEBRATION, FL 34747 04262006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1204225 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHIRLEY, JONATHAN W DO NOT WRITE 171 CIRCLE DRIVE MAITLAND, FL 32751 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. Filing Fee is \$50.00 Due by May 1, 2006 400075547244 05/31/06~-01010~-013 \*\*1700.00 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME JOHNS, BETTY JEAN 404 IRIS STREET STREET ADDRESS CELEBRATION, FL 34747 CITY-ST-ZIP J135122 MGR TITLE MAHONEY, MARILYN GAY NAME **404 IRIS STREET** STREET ADDRESS CITY-ST-7IP CELEBRATION, FL 34747 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET AOORESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7iP

11. I hereby certify that the information supplied with this filling 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.