


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90325 028 ****50.00

DOCUMENT # L02000029346 1. Entity Name JOHNS FAMILY INVESTMENTS I, LLC	
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Principal Place of Business 171 CIRCLE DR MAITLAND, FL 32751	Mailing Address 404 IRIS STREET CELEBRATION, FL 34747
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DO NOT WRITE IN THIS SPACE

60047047



04192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1204225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SHIRLEY, JONATHAN W 171 CIRCLE DRIVE MAITLAND, FL 32751
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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.

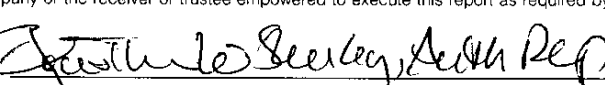
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNS, BETTY IFAN 404 IRIS STREET CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAHONEY, MARILYN GAY 404 IRIS STREET CELEBRATION, FL 34747
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 4/30/07 Daytime Phone #: 407.629.8333