


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000030029 1. Entity Name JOHNSTON-SULLIVAN INVESTMENTS, LLC																																																							
Principal Place of Business 775 GALLEON DR. NAPLES FL 34102			Mailing Address 775 GALLEON DR. NAPLES FL 34102																																																				
2. Principal Place of Business		3. Mailing Address																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																					
City & State		City & State																																																					
Zip	Country	Zip	Country	4. FEI Number 14-1878988 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																																																			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																				
LOWTHER, RUTH E 775 GALLEON DR. NAPLES FL 34102			Name Street Address (P.O. Box Number is Not Acceptable) City																																																				
			FL Zip Code																																																				
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 <u><i>Ruth E. Lowther</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>01-29-04</u>																																																							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																							
<div style="display: flex; justify-content: space-between;"> U00000025244 02/02/04-80097-014 50.00 </div>																																																							
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>MGRM</td> <td>JOHNSTON, JAMES A</td> <td>775 GALLEON DR. NAPLES FL 34102</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete		MGRM	JOHNSTON, JAMES A	775 GALLEON DR. NAPLES FL 34102		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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: *James A. Johnston*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #