2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

S03034905870
1/29/2003-90053-024-$50.00-$50.00 *
FILED
2003 SEP 29 PM 12:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000030029

1. Entity Name
JOHNSTON-SULLIVAN INVESTMENTS, LLC

Principal Place of Business	Mailing Address
1500 GALLEON DRIVE NAPLES FL 34102	1500 GALLEON DRIVE NAPLES FL 34102

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
775 GALLEON DR Suite, Apt. #, etc.	775 GALLEON DR Suite, Apt. #, etc.
City & State: NAPLES	City & State: NAPLES
Zip: FL Country: 34102	Zip: FL Country: 34102

4. FEI Number: 14-1878988 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOWTHER, RUTH E 1500 GALLEON DRIVE NAPLES FL 34102	Name: LOWTHER, RUTH E Street Address (P.O. Box Number is Not Acceptable): 775 GALLEON DR City: NAPLES FL Zip Code: 34102

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: Ruth E Lowther 7-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE *	MANAGING MEMBER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JAMES A. JOHNSTON	NAME	
STREET ADDRESS	775 GALLEON DR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE *	~~PARTNER~~ ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~DONNA L. JOHNSTON~~	NAME	
STREET ADDRESS	~~775 GALLEON DR~~	STREET ADDRESS	
CITY-ST-ZIP	~~NAPLES FL 34102~~	CITY-ST-ZIP	
TITLE *	~~PARTNER~~ ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~PAUL J. SULLIVAN~~	NAME	
STREET ADDRESS	~~10726 PARROT COVE CIRCLE~~	STREET ADDRESS	
CITY-ST-ZIP	~~ESTERO, FL 33928~~	CITY-ST-ZIP	
TITLE *	~~PARTNER~~ ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~ELEANOR G. SULLIVAN~~	NAME	
STREET ADDRESS	~~10726 PARROT COVE CIRCLE~~	STREET ADDRESS	
CITY-ST-ZIP	~~ESTERO, FL 33928~~	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (01/03)

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: Ruth E Lowther 7-10-03 239-649-8944
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #