
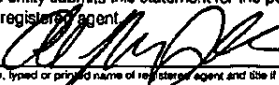



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-02-2004 90210 038 ****50.00

DOCUMENT # L03000002397			
1. Entity Name ALFRED M. JOHNS, L.C.			
Principal Place of Business C/O ALFRED M. JOHNS 100 MADRID BLVD., STE. 212 PUNTA GORDA, FL 33950		Mailing Address C/O JACK O HACKETT II POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447	
2. Principal Place of Business 1 Woodland Dr		3. Mailing Address 1 Woodland Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Punta Gorda, FL		City & State Punta Gorda, FL	
Zip 33982	Country USA	Zip 33982	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		4. FEI Number 267-36-210134-197790	
Applied For Not Applicable		01252004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent HACKETT, JACK O II ESQ. FARR, FARR, EMERICH, ET AL 99 NESBIT ST. PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name Alfred M. Johns Street Address (P.O. Box Number is Not Acceptable) 1 Woodland Dr City Punta Gorda FL Zip Code 33982	
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  Alfred M. Johns		DATE 1/27/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Mgr. Alfred M. Johns 1 Woodland Dr Punta Gorda, FL 33982	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Mgr. Mary Anne Johns 1 Woodland Dr Punta Gorda, FL 33982	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Alfred M. Johns		DATE 1/27/04	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		Daytime Phone # 941-639-2342	