2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 20, 2004 8:00 am
Secretary of State
03-17-2004 90275 036 ****50.00

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1. Entity Name
JOHNSON INTERNATIONAL LLC

34UU3bb6

Principal Place of Business	Mailing Address
330 WASHINGTON AVENUE HOMESTEAD, FL 33030	330 WASHINGTON AVENUE HOMESTEAD, FL 33030

02062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
55 WESTON RD.	55 WESTON RD.
Suite, Apt. #, etc. STE # 328	Suite, Apt. #, etc. STE # 328
City & State SUNRISE, FL	City & State SUNRISE, FL
Zip / Country 33326 / BROWARD	Zip / Country 33326 / BROWARD

4. FEI Number
56-2375801
☐ 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
ESPARRAGOZA, FROILAN M 181 RIVERWALK CIRCLE SUNRISE, FL 33326	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR ORILAB C.A 330 WASHINGTON AVENUE HOMESTEAD, FL 33030	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ESPARRAGOZA, FROILAN 181 RIVER WALK CIRCLE SUNRISE, FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR POLITANO, ANA I. 181 RIVERWALK CIRCLE SUNRISE, FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 02/25/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #