


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000030324 1. Entity Name JOHNSON FAMILY HOLDINGS I, LLC	
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Principal Place of Business 108 GOLF DRIVE PANAMA CITY BEACH, FL 32411 US	Mailing Address P.O. BOX 27600 PANAMA CITY BEACH, FL 32411 US
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07142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0066379	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, LORRAINE K 108 GOLF DRIVE PANAMA CITY BEACH, FL 32411
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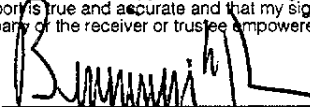
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>[NOTE: Registered Agent signature required when reinstating]</small>	DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, BENJAMIN S P.O. BOX 27600 PANAMA CITY BEACH, FL 32411
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<p>UN00000376642 08/18/05-AN004-005 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date 8/10/05	Daytime Phone # 850-233-3616 ext. 223