

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000043503

1. Entity Name
 EDWARD C JOHNSTON JR LLC



Principal Place of Business
 1991 NW 100TH ST
 OCALA, FL 34475

Mailing Address
 1991 NW 100TH ST
 OCALA, FL 34475



03212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-0392666

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, EDWARD C JR
 1991 NW 100TH ST
 OCALA, FL 34475

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

000000273822
 03/23/05-80043-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGR
 JOHNSTON, EDWARD C JR
 1991 NW 100TH ST
 OCALA, FL 34475

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:

Edward C Johnston Jr.

3/21/05

352-840-0953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #