

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2007 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



03262007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

1100000681393

04/04/07-80041-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOHNSTON, EDWARD C JR
STREET ADDRESS	1991 NW 100TH ST
CITY - ST - ZIP	OCALA, FL 34475

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: *Edward C Johnston Jr*

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

3/26/07

Date

Daytime Phone #