


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90042 024 ****50.00

DOCUMENT # L03000045570

1. Entity Name
REBECCA A. JOHNSON, LLC



Principal Place of Business
**1024 E. CREST AVENUE
 WINTER GARDEN, FL 34787**

Mailing Address
**1024 E. CREST AVENUE
 WINTER GARDEN, FL 34787**

2. Principal Place of Business
1568 Coluso Drive
 Suite, Apt. #, etc.

3. Mailing Address
1568 Coluso Drive
 Suite, Apt. #, etc.

City & State
Winter Garden, Florida

City & State
Winter Garden, Florida

Zip
34787 Country

Zip
34787 Country

03022006 Chg-LLC CR2E083 (11/05)

4. FEI Number
43-2036587

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, REBECCA A
 1024 E. CREST AVENUE
 WINTER GARDEN, FL 34787**

7. Name and Address of New Registered Agent

Name **Rebecca A. Johnson, LLC**

Street Address (P.O. Box Number is Not Acceptable)
1568 COLUSO DRIVE

City **Winter Garden FL** Zip Code **34787**

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 **Rebecca A Johnson, LLC** DATE **3-6-06**

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, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, REBECCA A 1024 E. CREST AVENUE WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 608, Florida Statutes.

SIGNATURE: **Rebecca A Johnson, LLC** DATE **3-6-06** DAYTIME PHONE # **407-222-5677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
26014027

L03000045570

please note
I have
moved, new
mailing Address
on this form
