

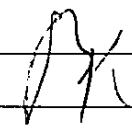


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000047864						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">06 JUL 26 PM 3:59</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 			
1. Entity Name DAVID M. JOHNSON, LLC				Principal Place of Business 2424 CLARA KEE BOULEVARD TALLAHASSEE, FL 32303				Mailing Address 2424 CLARA KEE BOULEVARD TALLAHASSEE, FL 32303	
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent JOHNSON, DAVID M 2424 CLARA KEE BOULEVARD TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
Filing Fee is \$50.00 Due by September 6, 2006								Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, DAVID M 2424 CLARA KEE BOULEVARD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <div style="font-size: 1.5em; font-weight: bold;">700078232667</div> <div style="font-size: 0.8em;">08/01/06--01051--002 **50.00</div> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				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"/> Delete				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"/> Delete				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: <i>David M Johnson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					07-11-06 <small>Date</small>		850-562-1848 <small>Daytime Phone #</small>		