

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000055994**

1. Entity Name  
**JAMES F. JOHNSON, L.L.C**



Principal Place of Business  
**440 SANTA ANNA DRIVE  
PALM SPRINGS, FL 33461 US**

Mailing Address  
**440 SANTA ANNA DRIVE  
PALM SPRINGS, FL 33461 US**



01042005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    | Applied For<br><b>Not Applicable</b>     |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

**JOHNSON, JAMES F  
440 SANTA ANNA DRIVE  
PALM SPRINGS, FL 33461**

**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**

**9. MANAGING MEMBERS/MANAGERS**

|                                                    |                                                                                     |
|----------------------------------------------------|-------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGR<br/>JOHNSON, JAMES F<br/>440 SANTA ANNA DRIVE<br/>PALM SPRINGS, FL 33461</b> |
|----------------------------------------------------|-------------------------------------------------------------------------------------|

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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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**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)(i), 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:** *James F. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

✓ 1-24-05 521  
641-6415