


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90272 041 ****55.00

DOCUMENT # L04000000681

1. Entity Name
JOHNSON'S CONSULTING LLC



Principal Place of Business Mailing Address
 1935 HWY A1A 1935 HWY A1A
 INDIALANTIC, FL 32903 INDIALANTIC, FL 32903


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40037031



06202006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
 83-0381045 Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, DIANE S
 1935 HWY A1A
 INDIALANTIC, FL 32903

7. Name and Address of New Registered Agent

Name **Johnson, Mark J Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
1935 N. Hwy A1A
 City **Indialantic** FL Zip Code **32903**

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  **Mark J Johnson Jr** DATE **6-20-06**

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 September 6, 2006**

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOHNSON, MARK J JR.	
STREET ADDRESS	1935 HWY A1A	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Johnson, Alex	
STREET ADDRESS	1935 N Hwy A1A	
CITY-ST-ZIP	Indialantic FL 32903	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Lindsey Johnson	
STREET ADDRESS	1935 N Hwy A1A	
CITY-ST-ZIP	Indialantic FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Mark J Johnson Jr** DATE **6-20-06**

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