

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90155 044 \*\*\*\*50.00

**DOCUMENT # L04000029843**

1. Entity Name

JOHNSON GHIOTO, LLC



Principal Place of Business

2041 S.E. OCEAN BOULEVARD  
STUART FL 34996

Mailing Address

2041 S.E. OCEAN BOULEVARD  
STUART FL 34996

2. Principal Place of Business

1680 SW St. Lucie West Blvd

3. Mailing Address

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

City & State

St. Lucie, FL

City & State

Zip

34986

Country

USA

Zip

Country

4. FEI Number

20-1022439

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOX, M. LANNING

1100 SOUTH FEDERAL HIGHWAY  
STUART FL 34994

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME JOHNSON, ROBERT C  
STREET ADDRESS 2041 SE OCEAN BOULEVARD  
CITY-ST-ZIP STUART FL 34996

TITLE ~~MEMBER~~ ☐ Delete  
NAME ~~JOHNSON, ROBERT C~~  
STREET ADDRESS ~~2041 SE OCEAN BOULEVARD~~  
CITY-ST-ZIP ~~STUART FL 34996~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition  
NAME GHOTO, Wilford W., Jr  
STREET ADDRESS 1680 SW St. Lucie West Blvd Suite 209  
CITY-ST-ZIP St. Lucie, FL 34986

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

1/26/05 772-287-3366