2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000029843

1. Entity Name
JOHNSON GHIOTO, LLC



FILED
Jan 31, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1680 SW ST LUCIE WEST BLVD 209 PORT SAINT LUCIE, FL 34986 1680 SW ST LUCIE WEST BLVD

209

DO NOT WRITE IN THIS SPACE

PORT SAINT LUCIE, FL 34986



01242006 No Chg-LLC

GR2E083 (11/05)

4. FEt Number 20-1022439

Applied For Not Applicable

5. Certificate of Status Desired

55.00 Additional

6. Name and Address of Current Registered Agent

FOX, M. LANNING 1100 SOUTH FEDERAL HIGHWAY STUART, FL 34994

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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 lamiliar with, and accept
	the obligations of registered agent.	

SIGNATURE.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

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9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, ROBERT C 2041 SE OCEAN BOULEVARD STUART, FL 34996	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GHIOTO, WILFORD W JR 1680 SW ST LUCIE WEST BLVD, SUITE 209 PORT SAINT LUCIE, FL 34988	
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02/10/06-80047-801 50.00

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11. I hereby certify that the information specified with this timp does not quality 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 employed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

: ROB CITE C. John Soft

THE AND TYPED OR PRINTED NAME OF SKING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-24-06 (772) 287-3366

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Daytime Phone #