

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059185

Entity Name: GEIGER-JOHNSON, LLC

FILED  
Jul 07, 2006  
Secretary of State

## Current Principal Place of Business:

4938 ST. CROIX DRIVE  
TAMPA, FL 33629

## New Principal Place of Business:

6000 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228

## Current Mailing Address:

4938 ST. CROIX DRIVE  
TAMPA, FL 33629

## New Mailing Address:

6000 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228

FEI Number: 20-1492513      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

JOHNSON, BILL  
4938 ST. CROIX DRIVE  
TAMPA, FL 33629      US

## Name and Address of New Registered Agent:

JOHNSON, BILL  
6000 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228      US

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.

SIGNATURE:

07/07/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: JOHNSON, BILL  
Address: 4938 ST. CROIX DRIVE  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: JOHNSON, BILL  
Address: 6000 GULF OF MEXICO DR  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BILL JOHNSON

MGMR

07/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date