

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092556

Entity Name: LYNCH, JOHNSON & LONG, LLC

FILED
Feb 03, 2005
Secretary of State

Current Principal Place of Business:

603 N. INDIAN RIVER DR., STE. 300
FT. PIERCE, FL 34950

New Principal Place of Business:

603 N. INDIAN RIVER DR
STE. 300
FT. PIERCE, FL 34950

Current Mailing Address:

603 N. INDIAN RIVER DR., STE. 300
FT. PIERCE, FL 34950

New Mailing Address:

603 N. INDIAN RIVER DR
STE. 300
FT. PIERCE, FL 34950

FEI Number: 20-1981316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCH, RICHARD L
603 N. INDIAN RIVER DR., STE. 300
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

LYNCH, RICHARD L
603 N. INDIAN RIVER DR.
STE. 300
FT. PIERCE, FL 34950 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:

02/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LYNCH, RICHARD L
Address: 603 N. INDIAN RIVER DR., STE. 300
City-St-Zip: FT. PIERCE, FL 34950

Title: MGR () Delete
Name: JOHNSON, GEORGE L JR
Address: 603 N. INDIAN RIVER DR., STE. 300
City-St-Zip: FT. PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GEORGE JOHNSON

MGR

02/03/2005

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