2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State
04-28-2006 90019 011 ****50.00

DOCUMENT # L05000002322

1. Entity Name
SERVAIS, SWEENY AND JOHNSON PROPERTY CO., LLC

Principal Place of Business	Mailing Address
740 97TH STREET, OCEAN MARATHON, FL 33050	740 97TH STREET, OCEAN MARATHON, FL 33050

2. Principal Place of Business	3. Mailing Address
329 Calzada De Bougainville	329 Calzada De Bougainville
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marathon, Florida	City & State: Marathon, Florida
Zip: 33050 Country:	Zip: 33050 Country:

JUU1U143

04032006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-2238636 ☐ 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
WOLFE, JOHN J 2955 OVERSEAS HIGHWAY MARATHON, FL 33050	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SERVAIS, RICHARD B 740 97TH STREET, OCEAN MARATHON, FL 33050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change 329 Calzada De Bougainville	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SWEENY, BRIAN 740 97TH STREET, OCEAN MARATHON, FL 33050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change 329 Calzada De Bougainville	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JOHNSON, MARION K 740 97TH STREET, OCEAN MARATHON, FL 33050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change 329 Calzada De Bougainville	☐ Addition
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/12/06 305-731-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #