


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State


02-27-2006 90433 029 ****50.00

DOCUMENT # L05000016563	
1. Entity Name JOHNSON COURT APARTMENTS, L.L.C.	

Principal Place of Business 4000 HOLLYWOOD BLVD STE. 350-N HOLLYWOOD FL 33021	Mailing Address 4000 HOLLYWOOD BLVD STE. 350-N HOLLYWOOD FL 33021
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2. Principal Place of Business 5711 TROY CT	3. Mailing Address 5525 SW 41 ST ST #125
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa FL	City & State POMERANCE PARK FL
Zip 33610	Zip 33023
Country USA	Country USA

	
1st MOORE	CR2E083 (10/05)
4. FEI Number 651243472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FEINBERG, JEFFREY ESQ 4000 HOLLYWOOD BLVD STE. 350-N HOLLYWOOD FL 33021	
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7. Name and Address of New Registered Agent	
Name FRANK ROSEN	
Street Address (P.O. Box Number is Not Acceptable) 5525 SW 41 ST ST #125	
City POMERANCE PARK FL	Zip Code 33023

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 Frank R. MANAGING MEMBER	DATE 2/14/06

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006</p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Frank R. FRANK ROSEN	DATE 2/14/06 954 913 0542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	