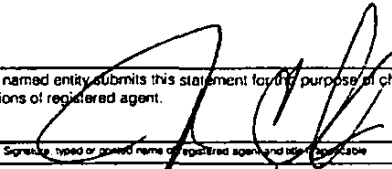
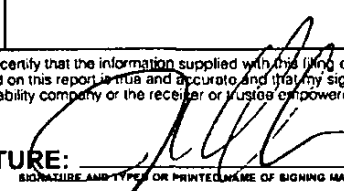


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

05-02-2006 90029 026 ***150.00

DOCUMENT # L05000023628			
1. Entity Name DENT & JOHNSON, CHARTERED			
Principal Place of Business 330 SOUTH ORANGE AVE. SARASOTA, FL 34231		Mailing Address 330 SOUTH ORANGE AVE. SARASOTA, FL 34231	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 3415 Magic Oak Lane		Suite, Apt. #, etc. 3415 Magic Oak Lane	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34232	Country US	Zip 34232	Country US
4. FEI Number 76-0792545		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	
Name DENT, JOHN C JR.		Name Dent, John C. Jr.	
Street Address 330 SOUTH ORANGE AVE. SARASOTA, FL 34231		Street Address (P.O. Box Number is Not Acceptable) 3415 Magic Oak Lane	
City Sarasota		City Sarasota	
State FL		State FL	
Zip Code 34232		Zip Code 34232	
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 		John C. Dent, Jr. 4/27/06	
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	Managing Member John C. Dent Jr. 3415 Magic Oak Lane Sarasota FL 34232 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Sherril L. Johnson 3415 Magic Oak Lane Sarasota FL 34232 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 		John C. Dent Jr. 4/27/06 941 952 1070	

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