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Secretary of State

05-02-2006 90029 026 ***150.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000023628

1. Entity Name
DENT & JOHNSON, CHARTERED

30010011

Principal Place of Business	Mailing Address
330 SOUTH ORANGE AVE. SARASOTA, FL 34231	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

04272006 Chg-LLC CR2E083 (11/05)

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

DENT, JOHN C JR.
330 SOUTH ORANGE AVE.
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name Dent, John C. Jr.
Street Address (P.O. Box Number is Not Acceptable) 3415 Magic Oak Lane
City Sarasota FL 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 Sherri 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
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #