2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-05-2006 90022 032 ****55.00

DOCUMENT # L05000026079

1. Entity Name

GARY JOHNSON, LLC

Principal Place of Business	Mailing Address
5814 CONGRESS CT GULF BREEZE FL 32563 US	5814 CONGRESS CT GULF BREEZE FL 32563 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
5814 Congress Court	5814 Congress Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulf Breeze FL	City & State: Gulf Breeze Fl.
Zip: 32563 Country: SANTA ROSA	Zip: 32563 Country: SANTA ROSA

4. FEI Number: 81-0665795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, GARY D
5814 CONGRESS CT
GULF BREEZE FL 32563

7. Name and Address of New Registered Agent

Name: Gary Johnson
Street Address (P.O. Box Number is Not Acceptable): 5814 Congress Court
City: Gulf Breeze FL Zip Code: 32563

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: Gary Johnson Gary Johnson 3-26-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHNSON, GARY D		NAME		
STREET ADDRESS	5814 CONGRESS CT		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32563		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Gary D Johnson GARY D. Johnson 4-10-06 1-850-346-4985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #