
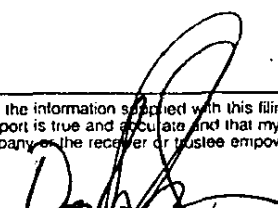


**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**



FEI Number  
20-3232565

<b>DOCUMENT # L05000068728</b>						<b>Secretary of State</b>	
1. Entity Name <b>JOHNSON FAMILY DEVELOPMENT, LLC</b>				02-06-2006 90179 033 ****50.00			
Principal Place of Business <b>2004 JOHNSON ROAD IMMOKALEE FL 34142</b>				Mailing Address <b>2004 JOHNSON ROAD IMMOKALEE FL 34142</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>20-3232565</b>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>JOHNSON, GREGORY A 2004 JOHNSON ROAD IMMOKALEE FL 34142</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>							
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, DOUGLAS L			NAME			
STREET ADDRESS	2004 JOHNSON ROAD			STREET ADDRESS			
CITY - ST - ZIP	IMMOKALEE FL 34142			CITY - ST - ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, GREGORY A			NAME			
STREET ADDRESS	2004 JOHNSON ROAD			STREET ADDRESS			
CITY - ST - ZIP	IMMOKALEE FL 34142			CITY - ST - ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, LINDA SUE			NAME			
STREET ADDRESS	2004 JOHNSON ROAD			STREET ADDRESS			
CITY - ST - ZIP	IMMOKALEE FL 34142			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							
Date _____ Daytime Phone # _____							



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

JOHNSON FAMILY DEVELOPMENT, LLC  
2004 JOHNSON ROAD  
IMMOKALEE, FL 34142

Subject: JOHNSON FAMILY DEVELOPMENT, LLC

Reference Number: L05000068728

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc

ANNUAL REPORTS SECTION