

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108974

FILED  
Feb 07, 2006  
Secretary of State

**Entity Name:** JOHNSON & LOCKHART ENTERPRISES LLC

**Current Principal Place of Business:**

14239 NW 26TH AVENUE  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

P.O. BOX 358684  
GAINESVILLE, FL 32635 US

**Current Mailing Address:**

14239 NW 26TH AVENUE  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

P.O. BOX 358684  
GAINESVILLE, FL 32635 US

**FEI Number:** 20-3802916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNSON, MICHAEL L SR  
14239 NW 26TH AVENUE  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOHNSON, MICHAEL L SR  
Address: 14239 NW 26TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGRM ( ) Delete  
Name: LOCKHART, ATHESEUS R  
Address: 5516 WESTVIEW DRIVE  
City-St-Zip: ORLANDO, FL 32810 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** MICHAEL L JOHNSON SR

MGRM

02/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date