## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L99000006053

## FILED Mar 08, 2004 8:00 am Secretary of State 03-08-2004 90277 001 \*\*\*100.00

Daytime Phone #

Principal Place of Business 2966 RAVEISWOOD ROAD 7968 RAVEISWOOD ROAD 7 FL AUDIDENDALE, FL 33312  2. Principal Place of Business  Suite, Add #, etc.  2. Principal Place of Business  Suite, Add #, etc.  2. Principal Place of Business  Suite, Add #, etc.  2. Principal Place of Business  Suite, Add #, etc.  2. Principal Place of Business  Suite, Add #, etc.  2. Principal Place of Business  Suite, Add #, etc.  2. Principal Place of Business  Suite, Add #, etc.  2. Principal Place of Business  Suite, Add #, etc.  2. Principal Place of Business  Suite, Add #, etc.  2. Principal Place of Business  Suite, Add #, etc.  2. Principal Place  Suite, Add #, etc.  2. Principal Place  Suite, Add #, etc.  2. Copy & State  C	1. Entity Nam JOHNSO	N - IRVINE EQUIPMENT C	OMPANY, LLC			
Sulte, Apt. 4, etc.    Sulte, Apt. 4, etc.	2968 RAVENSWOOD ROAD 2968 RAVENSWOOD ROAD				-	
City & State  Ci	2. Principal Place of Business		3. Mailing Address		I ABBUNDIN BUD DANIB EBINA BANIN BONIN BONIN ABNIN ABNIN BERHAR BUNDA KINDAR NI ABB	
Secretary   Secr	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  7. Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  FT. LAUDERDALE, FL 33312  City  FL ZD Code  6. The above named entry submits his statement for the purpose of changing its registered difference or registered eight, or both, in IPs State of Florida. I am familiar with, and accept the orbigators of registered agent, or both, in IPs State of Florida. I am familiar with, and accept the orbigators of registered agent agent and the purpose of changing its registered orbigators of registered agent, or both, in IPs State of Florida. I am familiar with, and accept the orbigators of registered agent ag	City & State		City & State			
RVINE, EDISON   2968 RAVENSWOOD ROAD	Zip			Country	Fee Required	
REVINE, EDISON 2968 RAVENSWOOD ROAD   Street Address (F.O. Box Number is Not Acceptable)			Registered Agent		7. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)  FT. LAUDERDALE, FL 33312  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am form for with, and accept the purpose of changing its registered agont, or both, in the State of Florida. I am form for with, and accept the purpose of changing its registered agont, or both, in the State of Florida. I am form for with, and accept the purpose of changing its registered agont, or both, in the State of Florida. I am form for with, and accept the purpose of changing its registered agont, or both, in the State of Florida. I am form for with, and accept the purpose of changing its registered agont, or both, in the State of Florida. I am form for with, and accept the purpose of changing its registered agont, or both, in the State of Florida. I am form for with, and accept the purpose of changing its registered agont, or both, in the State of Florida. I am form for with, and accept the purpose of changing its registered agont, or both, in the State of Florida. I am form for with, and accept the purpose of changing its registered agont, or both, in the State of Florida. I am form for with, and accept the purpose of changing its registered agont, or both, in the State of Florida. I am form for with, and accept the purpose of changing its registered agont, or both, in the State of Florida. I am form for with, and accept the purpose of the purpose of changing its registered agont, or both, in the State of Florida. I am form for with, and accept the purpose of t				Name		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu	2968 RAVENSWOOD ROAD			Street Add	ddress (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FIlling Fee is \$50.00  Due by May 1, 2004  FILLING Fee is \$50.00  Make check payable to Florida Department of tregulated agent and site if apprictible.  MANAGING MEMBERS/MANAGERS  ITILE  MGRM  JOHNSON, WALTER FJR.  STREET ADDRESS  CITY-51-2IP  MT. LAUREL, NJ 08054  TITLE  MGRM  JOHNSON, WALTER FIII  STREET ADDRESS  OTTY-51-2IP  TITLE  MGRM  JOHNSON, WALTER FIII  STREET ADDRESS  CITY-51-2IP  MT. LAUREL, NJ 08054  TITLE  MGRM  JOHNSON, DAVID P  STREET ADDRESS  CITY-51-2IP  TITLE  MGRM  JOHNSON, DAVID P  STREET ADDRESS  STREET ADDRESS  CITY-51-2IP  TITLE  MGRM  JOHNSON, DAVID P  JO				City	FL Zip Code	
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Bue by May 1, 2004    Similar   MGRM	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
Bue by May 1, 2004  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITTLE MGRM STREET ADDRESS CITY-51-2P  TITLE MGRM JOHNSON, WALTER F JR. STREET ADDRESS CITY-51-2P  TITLE MGRM JOHNSON, WALTER F III STREET ADDRESS CITY-51-2P  TITLE MGRM JOHNSON, DAVID P STREET ADDRESS CITY-51-2P  TITLE MGRM JOHNSON, DAVID P STREET ADDRESS CITY-51-2P  TITLE MGRM STREET ADDRESS CITY-51-2P  TITLE MGRM STREET ADDRESS CITY-51-2P  TITLE MGRM JOHNSON, DAVID P STREET ADDRESS CITY-51-2P  TITLE MGRM STREET ADDRESS CITY-51-2P  TITLE STREET ADDRESS						
TITLE MARK JOHNSON, WALTER F JR. STREET ADDRESS 2021 BRIGGS ROAD  CITY-ST-2IP  MILE MGRM JOHNSON, WALTER F III  STREET ADDRESS 2021 BRIGGS ROAD  CITY-ST-2IP  MT. LAUREL, NJ 08054  TITLE MGRM JOHNSON, WALTER F III  STREET ADDRESS 2021 BRIGGS ROAD  CITY-ST-2IP  MT. LAUREL, NJ 08054  TITLE MGRM JOHNSON, DAVID P  STREET ADDRESS 2021 BRIGGS ROAD  CITY-ST-2IP  TITLE MGRM JOHNSON, DAVID P  STREET ADDRESS 2021 BRIGGS ROAD  CITY-ST-2IP  MT. LAUREL, NJ 08054  TITLE MGRM JOHNSON, DAVID P  STREET ADDRESS 2021 BRIGGS ROAD  CITY-ST-2IP  MT. LAUREL, NJ 08054  TITLE  MGRM IRVIN, EDISON  STREET ADDRESS 2021 BRIGGS ROAD  CITY-ST-2IP  TITLE  MGRM IRVIN, EDISON  STREET ADDRESS 2021 BRIGGS ROAD  STREET ADDRESS 2021 BRIGGS ROAD  CITY-ST-2IP  TITLE  MGRM IRVIN, EDISON  STREET ADDRESS 2021 BRIGGS ROAD  STREET ADDRESS 2021 BRIGGS ROAD  CITY-ST-2IP  TITLE  MGRM IRVIN, EDISON  STREET ADDRESS 2021 BRIGGS ROAD  STREET ADDRESS 2021 BRIGGS ROAD  CITY-ST-2IP  TITLE  MAME  STREET ADDRESS 2021 BRIGGS ROAD  STREET ADDRESS 2021 BRIGGS ROAD  CITY-ST-2IP  TITLE  MAME  STREET ADDRESS 2021 BRIGGS ROAD  CITY-ST-2IP  TITLE  MA			ļ			
NAME   JOHNSON, WALTER F JR.   STREET ADDRESS   2021 BRIGGS ROAD   CITY-ST-2P   MT. LAUREL, NJ 08054   TITLE   MGRM   Delete   MITLE   MGRM   Delete   MTLE   MGRM   Delete   MGRM   MGRM   Delete   MGRM   MGRM   MGRM   Delete   MGRM   M	9.	MANAGING MEMBI	ERS/MANAGERS	10.	ADDITIONS/CHANGES	
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ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 mustee Important to execute this report as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		
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 mustee appropried to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	