

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000006053**

1. Entity Name  
**JOHNSON - IRVINE EQUIPMENT COMPANY, LLC**



Principal Place of Business  
**2968 RAVENSWOOD ROAD  
FT. LAUDERDALE, FL 33312**

Mailing Address  
**2968 RAVENSWOOD ROAD  
FT. LAUDERDALE, FL 33312**



01202005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0942506**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**IRVINE, EDISON  
2968 RAVENSWOOD ROAD  
FT. LAUDERDALE, FL 33312**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, WALTER F JR. 2021 BRIGGS ROAD MT. LAUREL, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, WALTER F III 2021 BRIGGS ROAD MT. LAUREL, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, DAVID P 2021 BRIGGS RD. MT. LAUREL, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRVINE, EDISON 2968 RAVENSWOOD RD STE 107 FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000229835  
02/15/05-80015-003 100.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**2/11/05 (954) 581-2221**

Date

Daytime Phone #