

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90166 001 ***100.00

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**



02012007 No Chg-LLC

CR2E083 (11/05)

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

8. 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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

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

Date

Daytime Phone #

Feb 22 '07 954.581.2221