## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900006053

1. Entity Name

JOHNSON - IRVINE EQUIPMENT COMPANY, LLC



## **FILED** Feb 18, 2003 8:00 am Secretary of State 02-18-2003 90323 014 \*\*\*\*50.00

			GOO WE	1						
Principal Place of Business Mailing Address										
2968 RAVENSW		2968 RAVENSWOOD ROAD								
FT. LAUDERDAI	LE FL 33312	FT. LAUDERDALE FL 33312	•		1 10011=		6114 <b>26</b> 144 <b>26</b> 146 -		H <b>ER</b> (11) 3 <b>FB</b> (	
		T								
2. Principal P	lace of Business	3. Mailing Address				028	BILL BRINE BRINE I			
Suite, Apt. #, etc. Suite, Apt. #, etc					CHECK HERE IF MAKING CHANGES					
	- -									
City & State		City & State			4. FEI Numbe	er <b>65-0942506</b>			pplied For at Applicable	
Zip Countrý		Zip Country					_ \$5	.00 Add		
			,	5. Certificate of Status Desired			Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
IRVINE, EDISON				Name						
2968 RAVENSWOOD ROAD			Street Ac	Street Address (P.O. Box Number is Not Acceptable) -						
	LAUDERDALE FL 33312									
								Zin Co-1		
			City				FL	Zip Cod	e	
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 obligati	ions of registered agent.									
SIGNATURE -	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signatur	e required	when reinstating)		DATE			
			OW!!! FEE IS \$5	50.00			•	****		
•_	والمعالي والمستحدة والمستحدة والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحد والمستحدد والمستحدد والمستحد والمستحدد والمستحد والمستحد والمستحد والمستحد والمستحد والمستح	Make Check Payab			it of State	emanin ne ennañ a	در وسسسوي	رس <u>ت</u> ه		
		•	e By May 1, 2003							
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	HANGES	,		
TITLE	MGRM	☐ Delete	TITLE			-		] Change	Addition	
NAME	JOHNSON, WALTER F JR.		NAME							
STREET ADDRESS	2021 BRIGGS ROAD		STREET ADDRESS							
CITY-ST-ZIP	MT. LAUREL NJ 08054		CITY-ST-ZIP					7 Change	☐ Addition	
TITLE NAME	MGRM JOHNSON, WALTER F III	Delete	TITLE NAME				L	_ Change	☐ Addition	
STREET ADDRESS :	2021 BRIGGS ROAD		STREET ADDRESS				بينيسية بي پي	ب <del>ہ</del> بہ		
CITY-ST-ZIP	MT. LAUREL NJ 08054 —	سار شہومیں میں ہے ہا۔	- CITYESTEZIP	n. ~	_					
TITLE	MGRM	☐ Delete	TITLE					] Change	☐ Addition	
NAME	JOHNSON, DAVID P		NAME							
STREET ADDRESS	2021 BRIGGS RD.		STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP	MT. LAUREL NJ 08054				*			] Change	Addition	
TITLE NAME	MGRM IRVIN, EDISON	☐ Delete	TITLE NAME			Ĺ,	<u> </u>	1 Change	L Addition	
STREET ADDRESS	3100 STATE ROAD 84, MARINA	MILE	STREET ADDRESS							
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	***************************************	CITY-ST-ZIP			, <u></u>				
TITLE		☐ Delete	TITLE			. (-i) · · · · · · · · · · · · · · · · · · ·	C	] Change	Addition	
NAME		•	- NAME							
STREET ADDRESS			STREET ADDRESS						}	
CITY-\$T-ZIP			CITY-ST-ZIP					7 Chanca	- Addition	
TITLE NAME		☐ Delete	TITLE NAME				L	] Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
11. I hereby o	certify that the information supplied with	this filing does not qualify fo	r the exemption state	ed in Se	ction 119.07(3)	(i), Florida Statutes. I f	urther certify	that the in	nformation	

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.

JRE: SIGNATURE AND TYPED OR PRIDED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE