

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED

2005 MAY 25 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000031017

1. Entity Name  
NB JOHNSON, LLC



Principal Place of Business  
C/O NATHAN BUTTERS  
2005 N.W. 62ND ST., STE. 202  
FT LAUDERDALE, FL 33309

Mailing Address  
C/O NATHAN BUTTERS  
2005 N.W. 62ND ST., STE. 202  
FT LAUDERDALE, FL 33309



04082005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
46-0511517

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

BUTTERS, SAMUEL  
2005 W. CYPRESS CREEK ROAD  
SUITE 202  
FORT LAUDERDALE, FL 33309

**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  
BUTTERS, NATHAN  
2005 N.W. 62ND ST., STE. 202  
FT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

100055341431  
05/25/05--01012--025 \*\*400.00

**DO NOT WRITE  
IN THIS SPACE**

**\$50**

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 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 #

4/27/05