

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**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**

*By*

**FILED**

2006 APR 21 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03202006 No Chg-LLC

CR2E083 (11/05)

**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, 2006**

**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  
CITY-ST-ZIP

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CITY-ST-ZIP

**500071251935**  
04/21/06--01018--005 \*\*350.00

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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

*N. Butters*

*4/5/06*

Date

*954-771-5056*

Daytime Phone #