2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED May 11, 2007 08:00 AM Secretary of State



05102007 No Chg-LLC

CR2E083 (11/05)

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

the obligations of registered agent

SIGNATURE:

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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 September 14, 2007			
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		U00000763584 05/30/07-80016-011 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE MAME STREET ADDRESS CITY-ST-ZIP			
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 cath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

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