FILED
Apr 18, 2005 8:00 am
Secretary of State

03-25-2005 90132 013 ***150.00
02-22-2005 90071 024 ****50.00

30003564

01042005 Chg-LLC CR2E083 (10/03)

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000079828

1. Entity Name
JOHNNEY BOLTER LLC

Principal Place of Business	Mailing Address
8676 GRIFFIN ROAD COOPER CITY, FL 33328 US	8676 GRIFFIN ROAD COOPER CITY, FL 33328 US
2. Principal Place of Business: 8676 Griffin Rd.	3. Mailing Address: 8676 Griffin Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cooper City, FL.	City & State: Cooper City, FL.
Zip: 33328 Country: Broward	Zip: 33328 Country: Broward

4. FEI Number: 20-1835205 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERTZ, BRADLEY
8676 GRIFFIN ROAD
COOPER CITY, FL 33328

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERTZ, BRADLEY 8676 GRIFFIN ROAD COOPER CITY, FL 33328	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARRA, THOMAS 8676 GRIFFIN ROAD COOPER CITY, FL 33328	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________ 1-27-04 954 252-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #