

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012522

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: ROBERT F. JOHNSON HOLDINGS, LLC

**Current Principal Place of Business:**

201 N FRANKLIN ST STE 2000  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

201 N FRANKLIN ST STE 2000  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 59-3681474      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCAIN, CARTER B  
201 NORTH TAMPA STREET STE. 2000  
TAMPA, FL 33602    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: JOHNSON, ROBERT F  
Address: ONE KEY CAPRI, UNIT 309 EAST  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGR      (X) Delete  
Name: MCCAIN, CARTER B  
Address: 201 N FRANKLIN ST STE 2000  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MCCAIN, CARTER B  
Address: 201 NORTH TAMPA STREET STE. 2000  
City-St-Zip: TAMPA, FL 33602

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARTER B. MCCAIN

MGR

04/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date