

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015233

FILED
Apr 23, 2007
Secretary of State

Entity Name: W.R. JOHNSON AND ASSOCIATES, LLC

Current Principal Place of Business:

P.O. BOX 24405
JACKSONVILLE, FL 32241

New Principal Place of Business:

8366 BARQUERO CT. N
JACKSONVILLE, FL 32217

Current Mailing Address:

PO BOX 24405
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 01-0647807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, W.R.
P.O. BOX 24405
JACKSONVILLE, FL 32241 US

Name and Address of New Registered Agent:

JOHNSON, W.R.
8366 BARQUERO CT. N.
JACKSONVILLE, FL 32217 US

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: _____

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, WILLIAM R
Address: P.O. BOX 24405
City-St-Zip: JACKSONVILLE, FL 32241

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, WILLIAM R
Address: 8366 BARQUERO CT. N
City-St-Zip: JACKSONVILLE, FL 32217

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: WILLIAM R. JOHNSON

PRES

04/23/2007

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