

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90325 029 ****50.00

DOCUMENT # L02000029347

1. Entity Name
JOHNS FAMILY INVESTMENTS II, LLC



Principal Place of Business
**404 IRIS STREET
CELEBRATION, FL 34747**

Mailing Address
**404 IRIS STREET
CELEBRATION, FL 34747**

60047046



04192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1204224

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHIRLEY, JONATHAN W
171 CIRCLE DRIVE
MAITHLAND, FL 32751**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE ~~MGR~~
NAME ~~JOHNS, BETTY JEAN~~
STREET ADDRESS ~~404 IRIS STREET~~
CITY-ST-ZIP ~~CELEBRATION, FL 34747~~

TITLE MGR
NAME MAHONEY, MARILYN GAY
STREET ADDRESS 404 IRIS STREET
CITY-ST-ZIP CELEBRATION, FL 34747

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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

Date

Daytime Phone #

4/30/07

407624-6333