

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000023040

1. Entity Name

JOHNSON-FERREIRA BUILDERS LLC



Principal Place of Business

**96633 BLACKROCK ROAD
YULEE, FL 32097**

Mailing Address

**407 SOUTH COLLEGE STREET
MACLENNY, FL 32063**



01242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

87-0700841

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERREIRA, V. TODD
407 SOUTH COLLEGE STREET
MACLENNY, FL 32063**

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	JOHNSON, STEVE
STREET ADDRESS	96633 BLACKROCK ROAD
CITY - ST - ZIP	YULEE, FL 32097
TITLE	MGRM
NAME	FERREIRA, V. TODD
STREET ADDRESS	407 SOUTH COLLEGE STREET
CITY - ST - ZIP	MACLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000800703
01/31/08-80029-001 143.75

**DO NOT WRITE
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 #

V. Todd Ferreira **V. Todd Ferreira** 01-24-2008 904-859-3026