

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023040

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: JOHNSON-FERREIRA BUILDERS LLC

**Current Principal Place of Business:**

96633 BLACKROCK ROAD  
YULEE, FL 32097

**New Principal Place of Business:**

**Current Mailing Address:**

407 SOUTH COLLEGE STREET  
MACCLENLY, FL 32063

**New Mailing Address:**

14493 TIM RHODEN ROAD  
GLEN ST. MARY, FL 32040

FEI Number: 87-0700841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FERREIRA, V. TODD  
407 SOUTH COLLEGE STREET  
MACCLENLY, FL 32063 US

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

FERREIRA, V. TODD  
14493 TIM RHODEN ROAD  
GLEN ST. MARY, FL 32040 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:

03/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: JOHNSON, STEVE  
Address: 96633 BLACKROCK ROAD  
City-St-Zip: YULEE, FL 32097

Title: MGRM ( ) Delete  
Name: FERREIRA, V. TODD  
Address: 407 SOUTH COLLEGE STREET  
City-St-Zip: MACCLENLY, FL 32063

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: FERREIRA, V. TODD  
Address: 14493 TIM RHODEN ROAD  
City-St-Zip: GLEN ST. MARY, FL 32040

I hereby certify that the information supplied with this filing does not qualify 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: V. TODD FERREIRA

MGR

03/05/2009

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