


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000045570  
 1. Entity Name  
 REBECCA A. JOHNSON, LLC



Principal Place of Business      Mailing Address  
 1568 COLUSO DR                      1568 COLUSO DR  
 WINTER GARDEN, FL 34787        WINTER GARDEN, FL 34787

**DO NOT WRITE IN THIS SPACE**



03082008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 43-2036587	Applied For Not Applicable
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5. Certificate of Status Desired        \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 JOHNSON, REBECCA A  
 1568 COLUSO DR  
 WINTER GARDEN, FL 34787

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, REBECCA A 1024 E. CREST AVENUE WINTER GARDEN, FL 34787
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U00000857993  
 04/01/08-80027-012 138.75

**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: Rebecca A. Johnson      Rebecca A. Johnson      3-12-08      407-222-5677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #