2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 14, 2004 8:00 am
Secretary of State

05-05-2004 90014 017 ****50.00

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Paid w/ck # 1007 James Johnson Acct.

1. Entity Name
TIM JOHNSON, LLC

Principal Place of Business	Mailing Address
2424 CLARA KEE BOULEVARD TALLAHASSEE FL 32303	2424 CLARA KEE BOULEVARD TALLAHASSEE FL 32303

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
2424 Clara Kee Blvd. Talla	2424 Clara Kee Blvd.
Suite, Apt. #. etc.	Suite, Apt. #. etc.
City & State: Talla, Fl.	City & State: Talla, Fl.
Zip: 32303 Country: Leon	Zip: 32303 Country: Leon

4. FEI Number: 20-042-5611 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, TIMOTHY
2424 CLARA KEE BOULEVARD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHNSON, TIMOTHY		NAME		
STREET ADDRESS	2424 CLARA KEE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tim Johnson - Tim Johnson 05-03-04 850-562-1848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #