2008 MITTED LIABILITY COMPANY ANNUAL REPORT

		ANNUAL	. KEPOKI			- -				
DOCUMENT # L03000047864						!	FII	En		
1. Entity Name DAVID M. JOHNSON, LLC						08 AUG 25 PM 1: 35				
DAVID W	. JOHNS	ON, LLC				<u>'</u>	406 25	PM	l: 3 5	
Principal Plan	o of Business	•			_	TALLAHASSE	OF ST	. 4		
Principal Place of Business 2424 CLARA KEE BOULEVARD			Mailing Address 2424 CLARA KEE BOUL			THASSE	É, FÍ n	A I E		
TALLAHASSEE, FL 32303			TALLAHASSEE, FL 32303			,			МИД	
									TERI BEKAR BUSA BUR	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08202008	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State			4. FEI Numi 20-042				plied For t Applicable
Zip	Country		Zip Cour		ntry	5. Certificate	e of Status Desired		\$5.00 Add Fee Required	
	6. Name	and Address of Current	Registered Agent			7. Name an	d Address of New R	egistered	Agent	
JOHNSON	I DAVID I	М	$\sqrt{ \mathbf{y} }$		Name					
2424 CLARA KEE BOULEVARD TALLAHASSEE, FL 32303			15K		Street Address	(P.O. Box Numl	per is Not Acceptable	•)		
	· -, ·		1 /\ `							
			1 7 7		City			FI	L 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	Signature, typed	d or printed name of registered agent	and little if applicable. (NOTE	E: Registere	d Agent signature require	ed when reinstating}	r	DATE		
FILI	E NOWIII	FEE IS \$138.75	In accordance with s	193(2)(b), F.S., t	he limited	Mak	e check	payable to		
		ember 12, 2008	liability company did	not re	ceive the prior n	otice.	Florida	Departr	nent of State	•
9.		MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/	CHANGE	s	
TITLE	MGRM		☐ Delete	☐ Delete TITLE					☐ Change	Addition
NAME STREET ADDRESS	i	IN, DAVID M ARA KEE BOULEVARD	NAM! STRE		1E EET ADORESS	$a_0 \mathbb{Z}^4$	78135£	820	067.	
CITY-ST-ZIP	ı	ASSEE, FL 32303			-ST-ZIP	037.03	v.no01015-	-020	**138.	75
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SITY-ST-ZIP	ļ			_	r-ST-ZIP					
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STREET ADDRESS				STR	EET ADDRESS					
CITY-ST-ZIP	namifu the extra		h shi 400a dan		Y-ST-ZIP	dia Obarra da	Clade Control			
indicated	d on this repo	ort is true and accurate and	h this filing does not qualify fo d that my signature shall have se empowered to execute this	the sam	e legal effect as if	made under oa	th; that I am a manag	urther certi ging memi	.ty that the info per or manage	rmation or of the
manten na	aomy compa	any or the receiver or truste		-Eholf 8	этецияео ру Cha	ipiei ooo, ribrida	i Glatutes.	,		
SIGNATURE: Navid Sahasan 9 /21/08 850-5621848										
SISIA	SIGNATURE	AND TYPED OR PRINTED HAME	OF SIGNING MANAGING MEMBER, MA	NAGER, O	R AUTHORIZED REPRE	SENTATIVE	Date	- -	Daytime Phone	