


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # L03000052300 1. Entity Name JOHNSON BRADY LLC	
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Principal Place of Business 400 N CYPRESS DRIVE SUITE 24 TEQUESTA, FL 33469 US	Mailing Address 400 N CYPRESS DRIVE SUITE 24 TEQUESTA, FL 33469 US
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DO NOT WRITE IN THIS SPACE



01222008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0522985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FOX, M. LANNING 3473 SE WILLOUGHBY BLVD STUART, FL 34994

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

**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, ROBERT C 2041 S.E. OCEAN BOULEVARD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADY, DONALD L 400 N CYPRESS DRIVE, SUITE 24 TEQUESTA, FL 33469
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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: Robert C. Johnson

1-22-08 (772) 287-3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #