

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057234

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: HUBERT LEROY JOHANNES, LLC

**Current Principal Place of Business:**

17442 S. TOMMY ROAD  
GLEN ST. MARY, FL 32040 US

**New Principal Place of Business:**

**Current Mailing Address:**

17442 S. TOMMY ROAD  
GLEN ST. MARY, FL 32040 US

**New Mailing Address:**

FEI Number: 59-2953742      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JOHANNES, HUBERT L  
17442 S. TOMMY ROAD  
GLEN ST. MARY, FL 32040 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: JOHANNES, HUBERT L  
Address: 17442 S. TOMMY ROAD  
City-St-Zip: GLEN ST. MARY, FL 32040 US

Title: MGRM ( ) Delete  
Name: JOHANNES, JUDY E  
Address: 17442 S. TOMMY ROAD  
City-St-Zip: GLEN ST. MARY, FL 32040 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HUBERT LEROY JOHANNES

MGR

04/29/2005

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