2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State
02-27-2007 90082 037 ****50.00

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1. Entity Name
JOHNSON'S DOZER SERVICES, L.L.C.

Principal Place of Business	Mailing Address
~~1331 SW 73RD PLACE MIAMI FL 33144~~ (Mail TO PO Box)	~~1331 SW 73RD PLACE MIAMI FL 33144~~
2. Principal Place of Business - No P.O. Box # PO Box 510490	3. Mailing Address 38901 Washington Loop RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Punta Gorda, Fl.	City & State Punta Gorda, Fl.
Zip 33951-0490 Country U.S	Zip 33982 Country

1st MOORE CR2E083 (10/06)

4. FEI Number 55-0857088 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, FREDERICK L 1331 SW 73RD PLACE MIAMI FL 33144	Name Frederick Johnson Street Address (P.O. Box Number is Not Acceptable) 38901 Washington Loop RD. City Punta Gorda, Fl. **FL** Zip Code 33982

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] 2-19-07
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, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, FREDERICK L 1331 SW 73RD PLACE MIAMI FL 33144	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, Johnson, Frederick L. 38901 Washington Loop RD. Punta Gorda, Fl, 33982	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #