

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054522

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: JOHNSON HABLITZEL & JOHNSON LLC

**Current Principal Place of Business:**

110 CORONADO ST  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

PMB 343, 1835 US 1 SOUTH  
SUITE 119  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

JOHNSON, AARON M  
110 CORONADO ST  
ST AUGUSTINE, FL 32080 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOHNSON, AARON M  
Address: 110 CORONADO ST  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGR ( ) Delete  
Name: JOHNSON, MICHAEL W  
Address: 1438 FONTAINE DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: MGR ( ) Delete  
Name: HABLITZEL, MATTHEW L  
Address: 2852 LONGLEAF ROAD  
City-St-Zip: PANAMA CITY, FL 32405

**ADDITIONS/CHANGES:**

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

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 exemption stated in Chapter 119, 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: AARON JOHNSON

MGR

01/13/2009

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