


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 16 AM 10:38

DOCUMENT # L04000055779 1. Entity Name SB JOHNSON II, LLC					
Principal Place of Business 2005 WEST CYPRESS CREEK ROAD, STE. 202 FORT LAUDERDALE, FL 33309			Mailing Address 2005 WEST CYPRESS CREEK ROAD, STE. 202 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04082005 Chg-LLC CR2E083 (10/03)	
4. FEI Number <div style="font-size: 1.5em; font-family: cursive;">20-1498259</div>				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 ALLEN, LOUISE J STEARNS WEAVER MILLER WEISSLER, ET AL 200 EAST BROWARD BLVD., STE. 1900 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS <div style="font-size: 1.2em; font-family: cursive;"> NAME: SAM BUTTERS STREET ADDRESS: 2005 W Cypress CR #202 CITY-ST-ZIP: FORT Lauderdale, FL 33309 </div>			10. ADDITIONS/CHANGES <div style="font-size: 1.2em; font-family: cursive;"> 300055341413 05/25/05--01012--025 **400.00 </div>		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <div style="font-size: 1.2em; font-family: cursive;">M. Butters</div> <div style="float: right; font-size: 1.5em; font-family: cursive;">4/27/05</div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					