

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2006 APR 21 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JBK



03202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1498259

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTLERS, SAM 2005 W CYPRESS TR #202 FORT LAUDERDALE, FL 33309
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04/21/06--01018--005 **350.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: _____

MButler

4/5/06

954-771-5056

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

Date

Daytime Phone #