## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000055779** 

1. Entity Name SB JOHNSON II, LLC



FILED
May 11, 2007 08:00 AM
Secretary of State

Principal Place of Business

Malling Address

2005 WEST CYPRESS CREEK ROAD, STE. 202 FORT LAUDERDALE, FL 33309 2005 WEST CYPRESS CREEK ROAD, STE. 202 FORT LAUDERDALE, FL 33309



05102007 No Chg-LLC

CR2E083 (11/05)

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

FORT LAUDERDALE, FL 33301		IIN	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 September 14, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTLERS, SAM 2005 W CYPRESS TR #202 FORT LAUDERDALE, FL 33309	·	000000763583 05/30/07-80016-010 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		De	O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME				

11. I hereby certify that the information supplied with this filling 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 608, Florida Statutes.

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

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204-771-1056×206

Daytime Phone €