2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 18, 2007 8:00 am **Secretary of State DOCUMENT # L04000068481** 01-18-2007 90017 003 ****50.00 1. Entity Name JOHŃSON BROS., LLC Principal Place of Business Mailing Address 5476 LITHIA PINECREST ROAD POST OFFICE BOX 588 LITHIA, FL 33547 LITHIA, FL 33547 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-2463495 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KISHEL, A. ERIC Street Address (P.O. Box Number is Not Acceptable) 5476 LITHIA PINECREST ROAD LITHIA, FL 33547 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TIT! F ☐ Delete TITLE ☐ Change ☐ Addition See Attached Lis BAUMGARTNER, WAYNE C. NAME NAME STREET ADDRESS 62064 245TH STREET STREET ADDRESS CITY-ST-ZIP LITCHFIELD, MN 55355 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition FOGT, DEREK G. NAME NAME STREET ADDRESS 42634 RUTABEGA ROAD STREET ADDRESS CITY-ST-ZIP ASKOV, MN 55704 CITY-ST-7IP **MGRM** TITLE 1 Delete JIT! F ☐ Change ☐ Addition JOHNSON, KEVIN A. NAME NAME STREET ADDRESS 2105 SHADY VIEW LANE STREET ADDRESS CITY-ST-ZIP PLYMOUTH, MN 55447 CITY-ST-7IP ☐ Delete TITLE MGRM ☐ Change TITLE ☐ Addition KIRKMAN, JIMMY W. NAME STREET ADDRESS 7161 LITHIA-PINECREST ROAD STREET ADDRESS CITY-ST-ZIP LITHIA, FL 33547 CITY-ST-ZIP TITLE **MGRM** ☐ Delete ☐ Change ☐ Addition NAME KISHEL, A.ERIC NAME STREET ADDRESS 5010 MUIR WAY STREET ADDRESS CITY-ST-ZIP LITHIA, FL 33547 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition KOFSTAD, DAVID D. NAME NAME STREET ADDRESS 7240 WESTPOINTE BLVD., APT, 1131 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32835

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 608, Florida Statutes.

OR AUTHORIZED REPRESENTATIVE

FILED

#104020068481

A. Eric Kishel
Derek G. Fogt
Ronald T. Queen
Wayne C. Baumgartner
Jimmy W. Kirkman
David D. Kofstad
John F. Meagher
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