

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068481

Entity Name: JOHNSON BROS., LLC

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

5476 LITHIA PINECREST ROAD
LITHIA, FL 33547 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 588
LITHIA, FL 33547 US

New Mailing Address:

FEI Number: 20-2463495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KISHEL, A. ERIC
5476 LITHIA PINECREST ROAD
LITHIA, FL 33547 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: MGRM () Delete
Name: BAUMGARTNER, WAYNE C.
Address: 62064 245TH STREET
City-St-Zip: LITCHFIELD, MN 55355

Title: MGRM () Delete
Name: FOGT, DEREK G.
Address: 42634 RUTABEGA ROAD
City-St-Zip: ASKOV, MN 55704

Title: MGRM () Delete
Name: KISHEL, ERIC A
Address: 5010 MUIR WAY
City-St-Zip: LITHIA, FL 33547

Title: MGRM () Delete
Name: KIRKMAN, JIMMY W.
Address: 7161 LITHIA-PINECREST ROAD
City-St-Zip: LITHIA, FL 33547

Title: MGRM () Delete
Name: RONALD T. QUEEN
Address: 2612 HOLLINGTON OAKS PLACE
City-St-Zip: BRANDON, FL 33511

Title: MGRM () Delete
Name: KOFSTAD, DAVID D.
Address: 9842 MOUNTAIN LAKE RD
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: SANDRA ALBEE, AUTHORIZED REPRESENTATIVE AR

03/05/2009

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