2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 26, 2007 8:00 am Secretary of State

DOCUMENT # L0400070296 1. Entity Name THOMAS J JOHNSON, LLC)	01-26-2007 90	0077 012	2 ****50.	.00
Principal Plac 170 W HICKI LA BELLE, FI		Mailing Address 170 W HICKPOCHEE AVE LA BELLE, FL 33935					(C C D C D C C C C		
Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192007	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State		4. FEI Numbe 20-1671			<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of	of Status Desired		\$5.00 Add Fee Require	ditional d
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New Ro	egiste <u>red A</u>	gent	
JOHNSON, THOMAS J 170 W HICKPOCHEE AVE LA BELLE, FL 33935				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	e
	named entity submits this statement flions of registered agent.	or the purpose of changing its	register	ed office or registe	ered agent, or both	n, in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and litte if applicable. (NOTI	E: Registere	d Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State					
Fi D	lling Fee is \$50.00 ue by May 1, 2007								9
9.	we by May 1, 2007 MANAGING MEMB		10.				Departme	ent of State	
) D	ue by May 1, 2007	ERS/MANAGERS	TITLE NAM STRE			Florida	Departme		Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGRM JOHNSON, THOMAS J 170 W HICKPOCHEE AVE		TITLE NAM STRE CITY TITLE NAM STRE	EET ADDRESS -ST- ZIP		Florida	Departme	ent of State	
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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 significant 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 missies empowered to execute the appoint as required by Chapter 608, Florida Statutes.

SIGNATURE: Y
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
ON US.