## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 24, 2008 8:00 am Secretary of State

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DOCUMENT # L04000070296  1. Entity Name THOMAS J JOHNSON, LLC					01-24-2008	90065 00	1 ***138	3.75
		Mailing Address 170 W HICKPOCHEE AV LA BELLE, FL 33935	E	6.0	D03400			
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112008	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State			4. FEI Number         Applied For           20-1671524         Not Applicable.			
Zip	Country	Zip	Country	5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New	Registered A	gent	
					<del></del>		-	
JOHNSON, THOMAS J 170 W HICKPOCHEE AVE LA BELLE. FL 33935			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	, . 2 00000							
			City			FL	Zip Code	•
	named entity submits this statement fi tions of registered agent.	for the purpose of changing its r	registered office or re	egistered agent, or bo	th, in the State of F	lorida. Lam fa	ımiliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered ager	t and tille if annicable (NIOTE)	Registered Agent signature r			2176		
			negisiered Ageni aignalwe r	required when reinstating)	<u> </u>	DATE		
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	77	negisiereu Agerii aigretiine r	required when reinstating)		ke check pa la Departme	-	1
		5	10.	required when reinstating)	Florid	ke check pa	-	1
After May	y 1, 2008 Fee will be \$538.7	5	_	required when reinglating)	Florid	ke check pa la Departme	-	Addition
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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 frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED HAMB OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

16/08, 561