
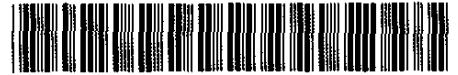


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000011573</b> 1. Entity Name <b>I. JOHNSON AND SONS DAIRY, LLC</b>	
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Principal Place of Business <b>17731 168TH STREET LIVE OAK FL 32060</b>	Mailing Address <b>17731 168TH STREET LIVE OAK FL 32060</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State	4. FEI Number <b>83-0423450</b>
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Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>JOHNSON, IMOGENE 17901 168TH STREET LIVE OAK FL 32060</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 *Imogene Johnson* (NOTE: Registered Agent signature required when reinstating) DATE *Feb 20-07*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

L000000642386  
03/01/07-80069-002 50.00

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, ROY L SR.			NAME			
STREET ADDRESS	17901 168TH STREET			STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL 32060			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, IMOGENE			NAME			
STREET ADDRESS	17901 168TH STREET			STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL 32060			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, TIMOTHY F			NAME			
STREET ADDRESS	16420 165TH ROAD			STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL 32060			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, MICHAEL T			NAME			
STREET ADDRESS	17731 168TH STREET			STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL 32060			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, ROY L JR.			NAME			
STREET ADDRESS	16077 169TH ROAD			STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL 32060			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, JAMES D SR.			NAME			
STREET ADDRESS	16806 165TH ROAD			STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL 32060			CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Imogene Johnson MM* Date *2-20-07* Daytime Phone # *386-776-1467*

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