


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**


**DOCUMENT # L05000077028**

1. Entity Name  
 2503 JOHNSON LLC



Principal Place of Business 1012 MINNESOTA AVENUE LYNN HAVEN, FL 32444	Mailing Address 1012 MINNESOTA AVENUE LYNN HAVEN, FL 32444
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**DO NOT WRITE IN THIS SPACE**



03042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2815938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MURPHY, SUSAN  
 1012 MINNESOTA AVENUE  
 LYNN HAVEN, FL 32444

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, SUSAN 1012 MINNESOTA AVENUE LYNN HAVEN, FL 32444
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 05/14/07-80016-008 50.00

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.

SIGNATURE: Susan Murphy SUSAN MURPHY 4/15/2007 850 271 3566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #