
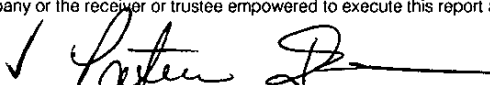


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # L05000107909</b><br>1. Entity Name<br><b>JOHNSON PROPERTIES, LLC</b>   |   |  |  |   |  |
| Principal Place of Business<br><b>803 RIVERBEND BLVD.<br/>LONGWOOD, FL 32779</b>   |   |  | Mailing Address<br><b>803 RIVERBEND BLVD.<br/>LONGWOOD, FL 32779</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |  |  |  |
| City & State<br><br>Zip      Country   |   | City & State<br><br>Zip      Country                         |  |  |  |
| 4. FEI Number<br><b>APPLIED FOR</b>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | <b>\$5.00</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JOHNSON, RONALD R<br/>803 RIVERBEND BLVD.<br/>LONGWOOD, FL 32779</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 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 reinstating)      DATE _____   |   |  |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>JOHNSON, RONALD R<br>803 RIVERBEND BLVD.<br>LONGWOOD, FL 32779 <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><b>U000000704813</b><br><b>04/23/07-80026-007 50.00</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>JOHNSON, PATRICIA A<br>803 RIVERBEND BLVD.<br>LONGWOOD, FL 32779 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |   |  |  |  |  |
| <b>SIGNATURE:</b>   |   |  | Date: <b>4/18/07</b> Daytime Phone #: <b>782-2240</b>  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  |  |  |  |