

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119748

FILED
Mar 19, 2009
Secretary of State

Entity Name: JOHNSON ROAD DEVELOPMENT LLC

Current Principal Place of Business:

3632 W. CYPRESS ST.
TAMPA, FL 33607

New Principal Place of Business:

410 WARE BLVD.
1010
TAMPA, FL 33619

Current Mailing Address:

3632 W. CYPRESS ST.
TAMPA, FL 33607

New Mailing Address:

410 WARE BLVD.
1010
TAMPA, FL 33619

FEI Number: 20-4942014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANTLEY, WILBUR L
3632 W. CYPRESS ST.
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

BRANTLEY, WILBUR L
410 WARE BLVD.
1010
TAMPA, FL 33619 US

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.

SIGNATURE: WILBUR BRANTLEY

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRANTLEY, WILBUR L
Address: 3632 W. CYPRESS ST.
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: CALOMIRIS, GEORGE P
Address: 3632 W. CYPRESS ST.
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRANTLEY, WILBUR L
Address: 410 WARE BLVD.
City-St-Zip: TAMPA, FL 33619

Title: MGRM (X) Change () Addition
Name: CALOMIRIS, GEORGE P
Address: 410 WARE BLVD.
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILBUR BRANTLEY

MGR

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date