
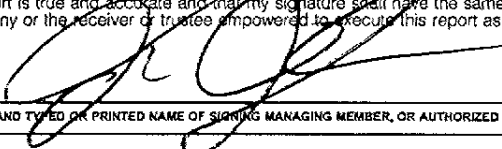


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000121377		
1. Entity Name JOHNSON & BLANTON, LLC		
Principal Place of Business 537 EAST PARK AVENUE TALLAHASSEE, FL 32301		Mailing Address P.O. BOX 10805 TALLAHASSEE, FL 32302
DO NOT WRITE IN THIS SPACE		
		01052007 No Chg-LLC ... CR2E083 (11/05)
4. FEI Number 20-4027407		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent JOHNSON, JON 537 EAST PARK AVENUE TALLAHASSEE, FL 32301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE	MGRM	
NAME	JOHNSON, JON	
STREET ADDRESS	537 EAST PARK AVENUE	
CITY- ST- ZIP	TALLAHASSEE, FL 32301	
TITLE	MGRM	
NAME	BLANTON, TRAVIS	
STREET ADDRESS	537 EAST PARK AVENUE	
CITY- ST- ZIP	TALLAHASSEE, FL 32301	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: 		1-8-07 950-224-1900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>