

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 SEP 17 PM 3:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4116060

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000123588

1. Entity Name
G.B. JOHANNESON FAMILY, LLC



Principal Place of Business
820 W. COPELAND DRIVE
MARCO ISLAND, FL 34145

Mailing Address
820 W. COPELAND DRIVE
MARCO ISLAND, FL 34145

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
6501 E. Belleview Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400 - AMU

City & State

City & State
Englewood CO

Zip

Country

Zip
80111-6070

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOWLER WHITE BOGGS BARKER P.A.
5811 PELICAN BAY BOULEVARD, SUITE 500
NAPLES, FL 34108

Name
Gerald B. Johanneson

Street Address (P.O. Box Number is Not Acceptable)

820 W. Copeland Drive

City
MARCO ISLAND

FL

Zip Code
34145

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/11/2008

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
JOHANNESON, GERALD B
STREET ADDRESS
820 W. COPELAND DRIVE
CITY-ST-ZIP
MARCO ISLAND, FL 34145

☐ Delete

TITLE
NAME
800135972938
STREET ADDRESS
09/16/08--01032--002
CITY-ST-ZIP
**138.75

☐ Change ☐ Addition

TITLE
NAME
JOHANNESON, GAYLE S
STREET ADDRESS
820 W. COPELAND DRIVE
CITY-ST-ZIP
MARCO ISLAND, FL 34145

☐ Delete

TITLE
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☐ Change ☐ 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.

SIGNATURE:

[Signature]

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

9/11/2008

DATE

Daytime Phone #