

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061841

Entity Name: JOHNSON GA TRACT, LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

980 NORTH FEDERAL HIGHWAY
404
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

980 NORTH FEDERAL HIGHWAY
SUITE 404
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 77-0662463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUDEN, JAMES L ESQ.
980 NORTH FEDERAL HIGHWAY
404
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHUTTLER, JOHN
Address: 2151 NW 2ND AVE, SUITE 100
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR () Delete
Name: PRUDEN, JAMES L
Address: 980 NORTH FEDERAL HIGHWAY, SUITE 404
City-St-Zip: BOCA RATON, FL 33067 US

Title: MGR () Delete
Name: PAPAGNO, TRAVIS
Address: 4793 N.W. 3RD COURT
City-St-Zip: DEERFIELD BEACH, FL 33432 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES L. PRUDEN

MGR

04/24/2009

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