2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 25, 2008 8:00 am Secretary of State

ANNUAL REPORT							Secretary of State				
DOCUMENT # L0700008720 1. Entity Name BJ'S LAND LLC						01-25-2008 90087 033 ***143.75					
Principal Place of Business 40315 SR 64 EAST MYAKKA CITY, FL 34251			Mailing Address 40315 SR 64 EAST MYAKKA CITY, FL 34251			60003892					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01072008	Chg-LLC	CR2E	083 (12/06)		
City & State			City & State		4. FEI Numl	oer -019106	Ó		plied For t Applicable		
Zìp			Zip ·	Count			e of Status Desired	XI.	\$5.00 Add Fee Required		
	6. Name	and Address of Current R	egistered Agent		N	7. Name an	d Address of New I	Registered	Agent		
JOHNSON 40315 SR MYAKKA (64 EAST	34251		-	Street Address	(P.O. Box Numl	ber is Not Acceptable	le)			
		:	City				FL	Zip Code)		
	named entity ions of regist		the purpose of changing its	registere	d office or registe	ered agent, or b	oth, in the State of Fl	orida. I am	familiar with,	and accept	
SIGNATURE .											
	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	Registered	Agent signature require	ed when reinslating)		DATE			
		FEE IS \$138.75 Fee will be \$538.75				Make check payable to Florida Department of State					
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS	/CHANGE	S		
THILE	MGRM	• • • • • • • • • • • • • • • • • • • •	☐ Delete TI			☐ Change ☐ Addition					
NAME	JOHNSON	JOHNSON, BRIAN		NAME							
STREET ADDRESS	40315 SR 64 EAST			T ADDRESS							
CITY-ST-ZIP			_	S1-ZIP							
TITLE NAME			☐ Delete	TITLE					☐ Change	Addition	
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CITY-ST-ZIP					ST- ZIP						
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CITY-S1-ZIP					ST-ZIP					•	
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NAME STREET ADDRESS					E1 ADDRESS						
CITY STATIS					SI-7IP						

11. I hereby certify that the information supplied with this filling 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 it 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: Brian Johnson /-21-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylare Proce #