

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

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

02-25-2008 90138 041 ***143.75

DOCUMENT # L07000078299 1. Entity Name BILLBOARDS BY JOHNSON, LLC	
---	---

Principal Place of Business 8473 IMPERIAL CIR PALMETTO FL 34221	Mailing Address 8473 IMPERIAL CIR PALMETTO FL 34221
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

4. FEI Number 20-8978522	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

1st MOORE CR2E083 (10/07)



6. Name and Address of Current Registered Agent JOHNSON, GARY 8473 IMPERIAL CIR PALMETTO FL 34221	
---	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--

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, typed or printed name of registered agent and title if applicable	DATE _____ (NOTE: Registered agent's signature required when renewing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, GARY 8473 IMPERIAL CIR PALMETTO FL 34221 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	GARY JOHNSON	Date 2-28-08
---	---------------------	------------------------