## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 18, 2008 8:00 am Secretary of State

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DOCUMENT # L07000102859  1. Enlity Name JOHNSON MERRITT, LLC					01-18-2008	3 90018 024 ***	138.75	
Principal Plac	e of Business	Mailing Address	•					
601 STATE ST 6TH FLOOR BRISTOL, VA 24201		601 STATE ST 6TH FLOOR BRISTOL, VA 24201		(	60002353 -			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008	Chg-LLC	CR2E083 (12/0	6)	
City & State		City & State		4, FEI Numb	-049688-	2 <u> </u>	Applied For Not Applicable	
Zip	Country	Zip	Country	1	of Status Desired	□ \$5.00 / Fee Requ		
· · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent	Alomo	7. Name and	d Address of New R	legistered Agent		
HILDA M. PORRO, P.A.			Name	Name				
12773 FOREST HILL BLVD # 1201		Street Address		ress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
WELLING	TON, FL 334:14 <sub>-1</sub>							
	e de la companya de		City			FL Zip C	ode	
8. The above the obligat	named entity submits this statement to ions of registered agent.	r the purpose of changing its re	gistered office or req	gistered agent, or bo	oth, in the State of Flo	orida. Tam femiliar wi	th, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if ancierable (NOTE: 8	andtared from constitue					
		CALLED A APPROXICE. (1107E.11	ogiateren wyent argustricte it	required when reinstating)		DATE		
FILE After May	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will 56 \$538.75		ogalarou Agent signature n	equired when reinstating)		e check payable to a Department of Si		
FILE After May	NOW!!! FEE IS 6138.75 / 1, 2008 Fee will be \$538.75 MANAGING MEMBE	5	10.	equired when reinstabing)		te check payable to a Department of Si		
9.	MANAGING MEMBE	5		equired when reinstating)	. Florida	te check payable to a Department of Si	ate	
9. TITLE NAME	MANAGING MEMBE MGR JOHNSON, STEVEN E	RS/MANAGERS	10. Title Name	equired when reinstating)	. Florida	te check payable to a Department of Si /CHANGES	ate	
9.	MANAGING MEMBE MGR JOHNSON, STEVEN E 601 STATE ST - 6TH FLOOR	RS/MANAGERS	10.	equired when rematating)	. Florida	te check payable to a Department of Si /CHANGES	ate	
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11. Thereby certify that the information supplies with mis principles of delays for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the information indicated on this report is true and appropriate shall have the same legal effect as if made under outh; that I am a managing member or manager of the limited liability company or the required of trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

INATURE AND TYPED OR PRINCIPAL HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/7/08

Daytime Phone #