2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000003219

B.W. JOHNSON, L.C.



FILED Feb 19, 2007 08:00 AM Secretary of State

Principal Place of Business

2464 VANDERBILT BEACH RD

#502

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAPLES, FL 34109

Mailing Address

2464 VANDERBILT BEACH RD

#502

DO NOT WRITE IN THIS SPACE

NAPLES, FL 34109



01132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1148867

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, BRIAN W 2464 VANDERBILT BEACH RD

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#502 NAPLES, FL 34109			IN THIS SPACE	
	named entity submits this statement for the purpose of charions of registered agent.	nging its registered o	ffice or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, types or printed name of registered agent and title if applicable.	(NOTE: Registered Ag	ent signatura required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM JOHNSON, BRIAN W 1310S VANDERBILT DRIVE NO. 209 NAPLES, FL 34110			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			U00000641149 02/28/07-80095-017 50.00
TITLE NAME STREET ADDRESS			50	NOT MOITE

DO NOT WRITE IN THIS SPACE

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