File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 99 APR 13 PM 1: 39 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** # L98000003425 1a. Principal Place of Business Address ROBERT A. JOHNSON CONSTRUCTION, L.C. 5360 NE 58TH TERRACE 5360 NE 58TH TERRACE HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32643 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 12/21/1998 Suite, Apt #, etc Suite, Apt. #, etc. 4. FEI Number Applied For 59-26405 27 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office JOHNSON, ROBERT A 5360 NE 58TH TERRACE Street Address (P.O. Box Number Is Not Acceptable) HIGH SPRINGS FL 32643 Suite Apt #, etc Zip Code 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florina Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment DATE 4-10-99 SIGNATURE Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MGRM JOHNSON, ROBERT A 5360 NE 58TH TERRACE HIGH SPRINGS FL nhnnn28**4794**U----04/22/99--01094--018 ****188.75 ****188.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. I further certify that the information

indicated on this annual 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, and that my name appears in Block 10, or on an

attachment with an address
SIGNATURE