

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY -5 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M97000000623

JB JOHNSON ENTERPRISES LLC
C/O ROCHELLE JOHNSON
28 MAPLE ISLAND ROAD
BURNSVILLE MN 55306

1a. Principal Place of Business Address

C/O ROCHELLE JOHNSON
28 MAPLE ISLAND ROAD
BURNSVILLE MN 55306

2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/24/1997	DE
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		41-1876127	
				5. Date of Last Report	6. Certificate of Status Desired
				05/12/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

F & L CORP.,
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City Zip Code
FL

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 Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *Rochelle Johnson* (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE 4-28-99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	JOHNSON, ROCHELLE	28 MAPLE ISLAND ROAD	BURNSVILLE MN

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****188.75 ****188.75

MAY 12 1999

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. 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 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Rochelle Johnson* DATE: 4-28-99 Doc. No. 612 891-11619