

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90025 008 ****50.00

DOCUMENT # M97000000623

1. Entity Name

JB JOHNSON ENTERPRISES LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18082 Jacquard Ct.
Suite, Apt. #, etc.

3. Mailing Address

18082 Jacquard Ct.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lakeville

City & State
Lakeville MN

4. FEI Number
41-1876187

Applied For
Not Applicable

Zip Country
MN USA

Zip Country
55044 USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
F&L Corp, The Greenleaf Building
Street Address (P.O. Box Number is Not Acceptable)
200 Laurel Street
City Jacksonville FL Zip Code 32208-3557

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.

SIGNATURE *Rochelle Johnson* Manage

4-7-02
DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MBR Rochelle Johnson 18082 Jacquard Ct. Lakeville MN 55044</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I 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 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

Date

Daytime Phone #

CR2E083B (12/01)