


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000037587		
1. Entity Name GB JOHANNESON VENTURES GP, INC.		


Principal Place of Business 820 WEST COPELAND DRIVE MARCO ISLAND, FL 34145	Mailing Address 820 WEST COPELAND DRIVE MARCO ISLAND, FL 34145
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6501 E Bellevue Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 400 - AMB	
City & State		City & State Englewood CO	
Zip	Country	Zip 80111-6020	Country

FILED

08 SEP 15 PM 1:05

CLERK OF STATE  
TALLAHASSEE, FLORIDA

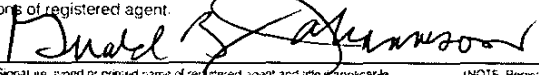


07072008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8816652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHANNESON, GERALD B 820 WEST COPELAND DRIVE MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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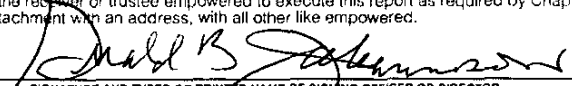
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  9/11/2008  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  9/11/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

9/16/08