

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043308

Entity Name: FJR ASSOCIATES, L.L.C.

FILED  
Jan 24, 2007  
Secretary of State

**Current Principal Place of Business:**

2800 DON QUIXOTE DR.  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

2800 DON QUIXOTE DR.  
PUNTA GORDA, FL 33950

**New Mailing Address:**

FEI Number: 55-0851503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LATEK, RICHARD A  
2800 DON QUIXOTE DR.  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MOLHOEK, FRANCISCUS N  
Address: 305 COUNTRYSIDE DR.  
City-St-Zip: BROADVIEW HEIGHTS, OH 44147

Title: MGR ( ) Delete  
Name: LATEK, JOSEPH A  
Address: 11766 SNOWVILLE RD.  
City-St-Zip: BRECKSVILLE, OH 44141

Title: MGR ( ) Delete  
Name: LATEK, RICHARD A  
Address: 2800 DON QUIXOTE DR.  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD LATEK

MGR

01/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date