


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 14 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L06000063432 1. Entity Name EJNJ, LLC |  |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business 4074 NW 2ND LANE DELRAY BEACH, FL 33445 US | Mailing Address 9124 PAISLEY COURT JACKSONVILLE, FL 32257 US |
|------------------------------------------------------------------------------|--------------------------------------------------------------------|



| | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address 4074 N.W. 2ND LANE Suite, Apt. #, etc. |
|---------------------------------------------------------------------------|---------------------------------------------------------------------|

07202007 Chg-LLC CR2E083 (12/06)

| | | |
|----------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| City & State DELRAY BEACH FLA | 4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> | |
| Zip 33445 | Country PALM BEACH | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |

8. Name and Address of Current Registered Agent

EPPERSON, JANIE
 4074 NW 2ND LANE
 DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | <input type="checkbox"/> Delete |
|------------------------------|-------------------------|---------------------------------|
| TITLE | MGRM | |
| NAME | MC MAHON, JUDY | |
| STREET ADDRESS | 5235 NW 6TH STREET | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33445 | |
| TITLE | MGRM | |
| NAME | EPPERSON, JANIE | |
| STREET ADDRESS | 4074 NW 2ND LANE | |
| CITY-ST-ZIP | DELRAY, BEACH, FL 33445 | |
| TITLE | MGRM | |
| NAME | BOUCHER, NANCY | |
| STREET ADDRESS | 9124 PAISLEY COURT | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32257 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 10. ADDITIONS/CHANGES | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------------------|------------------------------|-------------------------------------------------------------------|
| TITLE | 400109758314 | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | 09/21/07--01047--014 **50.00 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 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: *Janie Epperson* 8-22-2007 ⁵⁶¹⁻ 637-6477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #