

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071257

FILED
Apr 14, 2007
Secretary of State

Entity Name: INVESTJUST GROUP LLC

Current Principal Place of Business:

9655 E. BAY HARBOR DR. #7N
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

9655 E. BAY HARBOR DR. #7N
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

FEI Number: 20-5356402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUHRMANN, JUSTIN
9655 E. BAY HARBOR DR. #7N
BAY HARBOR ISLANDS, FL 33154 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: MGRM () Delete
Name: FUHRMANN, JUSTIN
Address: 9655 E. BAY HARBOR DR. #7N
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MGR () Delete
Name: FUHRMANN, JUSTIN
Address: 9655 E. BAY HARBOR DR. #7N
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MGRM () Delete
Name: FURMAN, RAN
Address: 12105 ELCONORE CT.
City-St-Zip: SAN DIEGO, CA 92131

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: JUSTIN FUHRMANN

MGRM

04/14/2007

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