

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094152

FILED
Jan 04, 2007
Secretary of State

Entity Name: BCJM, LLC

Current Principal Place of Business:

6215 WILSON BOULEVARD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 441149
JACKSONVILLE, FL 32220012

New Mailing Address:

FEI Number: 37-1529277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, KELLY M
6215 WILSON BOULEVARD
JACKSONVILLE, FL 32210 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: JAMES, KELLY M
Address: 6215 WILSON BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JAMES, KELLY M
Address: 6215 WILSON BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGR () Change (X) Addition
Name: BRANNEN, WILLIAM M
Address: 6215 WILSON BLVD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGR () Change (X) Addition
Name: EFFINGER, JERRY D
Address: 6215 WILSON BLVD
City-St-Zip: JACKSONVILLE, FL 32210 US

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: W M BRANNEN

MGR

01/04/2007

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