

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054435

FILED
Jan 06, 2008
Secretary of State

Entity Name: TJR LIMITED LIABILITY COMPANY

Current Principal Place of Business:

777 S. FEDERAL HIGHWAY
STE. L-304
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

777 S. FEDERAL HIGHWAY
STE. L-304
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 26-0229775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVOLI, THOMAS
777 S. FEDERAL HIGHWAY
STE. L-304
POMPANO BEACH, FL 33062 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: RIVOLI, THOMAS
Address: 777 S. FEDERAL HIGHWAY, STE. # L-304
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: MGRM () Delete
Name: RIVOLI, WAYNE
Address: 777 S. FEDERAL HIGHWAY, STE. # L-304
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: MGRM () Delete
Name: RIVOLI, JAMES
Address: 777 S. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33062 US

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 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: THOMAS RIVOLI MGRM 01/06/2008

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