


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90156 027 ****55.00

DOCUMENT # M04000002267 1. Entity Name C & J REALTY, L.L.C.	
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Principal Place of Business 4059 GINGER DRIVE DIBERVILLE, MS 39540	Mailing Address 4059 GINGER DRIVE DIBERVILLE, MS 39540
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 64-0892419	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHANSEN, OSCAR 4059 GINGER DRIVE DIBERVILLE, MS 39540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROWSON, THOMAS D 5016 FOURTH PLACE MERIDIAN, MS 393052019
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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: *Justin Arnold* Date: Jan. 26, 2006 288-392-7012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #