

A25163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

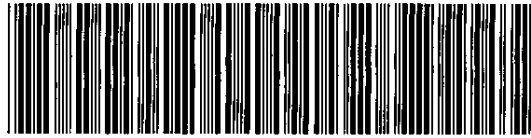
A25163

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CJM MANAGEMENT LIMITED PARTNERSHIP
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A25163

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LINDA HERRO

(Contact Person)

CJM MANAGEMENT LIMITED PARTNERSHIP

(Firm/Company)

5801 PHILIPS HIGHWAY

(Address)

JACKSONVILLE, FL 32216

(City, State and Zip Code)

For further information concerning this matter, please call:

LINDA HERRO

(Name of Contact Person)

at (904) 739-1551

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2009

LINDA HERRO
5801 PHILIPS HIGHWAY
JACKSONVILLE, FL 32216

SUBJECT: CJM MANAGEMENT LIMITED PARTNERSHIP
Ref. Number: A25163

We have received your document for CJM MANAGEMENT LIMITED PARTNERSHIP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 709A00005906

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FEB 21 2009

MUSSALLEM
ORIENTAL RUGS

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CJM MANAGEMENT LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/10/1987

Date of filing/registration in Florida

3. A25163

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CHARLES S. MUSSALLEM, III

Name

5801 PHILIPS HIGHWAY

Address

JACKSONVILLE, FL 32216

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

JAMES MUSSALLEM

Name

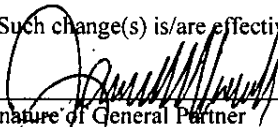
5801 PHILIPS HIGHWAY

Florida street address (P.O. Box not acceptable)

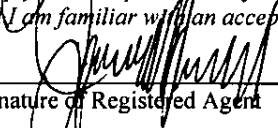
JACKSONVILLE, FL 32216

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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TALLAHASSEE FLORIDA