

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013768

FILED
Jan 07, 2008
Secretary of State

Entity Name: THE FOUR "J" COMPANY, LLC

Current Principal Place of Business:

3021 SWANN AVENUE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18425
TAMPA, FL 33679

New Mailing Address:

FEI Number: 59-3680850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCARDI, JASON
1523 N. FRANKLIN ST.
TAMPA, FL 33602 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: ACCARDI, JASON
Address: 1523 N. FRANKLIN ST.
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: ACCARDI, JOHN
Address: 1523 N. FRANKLIN ST.
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: BUCHMAN, JACOB M
Address: 3107 SW. DUNWOODIE TR.
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: ITALIANO, JEFFREY G
Address: 3021 SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

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:

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: JEFFERY G. ITALIANO

MGRM

01/07/2008

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