

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016117
1. Entity Name
 C & J, LLC

FILED
 01 MAR 28 PM 2:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 4540 Southside Blvd Bldg #902 4540 Southside Blvd Bldg #902
 Jacksonville, Fla 32216 Jacksonville, Fla 32216

2. Principal Place of Business **3. Mailing Address**
 4540 Southside Blvd Suite, Apt. #, etc. Same as above
 Suite, Apt. #, etc. Bldg # 902 Suite, Apt. #, etc.
 City & State Jacksonville Fla City & State Jacksonville Fla
 Zip 32216 Country Duval Zip Country

4. FEI Number 59-3689311 Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 James A. Linn
 4540 Southside Blvd #902
 Jacksonville, Fla 32216

7. Name and Address of New Registered Agent
 Name James A. Linn
 Street Address (P.O. Box Number is Not Acceptable) 4540 Southside Blvd #902
 City Jacksonville FL Zip Code 32216

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Managing Member <input type="checkbox"/> Delete James A. Linn 4540 Southside Blvd #902 Jacksonville, Fla 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres, Manager Member <input type="checkbox"/> Delete Carole Davis 4540 Southside Blvd #902 Jacksonville, Fla 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003984833-5 -14/10/201-01061-006 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James A Linn Managing Member, 3-22-01 Date Daytime Phone #

CR2E083 (1/1/00)