


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 28, 2005 08:00 AM
Secretary of State

| | | | |
|---|---------|---|---------|
| DOCUMENT # L0000016117 | |  | |
| 1. Entity Name C & J, LLC | | | |
| Principal Place of Business 4540 SOUTHSIDE BLVD., BLDG. NO. 902 JACKSONVILLE FL 32216 | | Mailing Address 4540 SOUTHSIDE BLVD., BLDG. NO. 902 JACKSONVILLE FL 32216 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 4. FEI Number 59-3689311 | |
| LINN, JAMES A 4540 SOUTHSIDE BLVD., BLDG. NO. 902 JACKSONVILLE FL 32216 | | Applied For | |
| | | Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| | | 1st MOORE CR2E083 (10/04) | |



| | | | |
|---|--|-----------|----------|
| 7. Name and Address of New Registered Agent | | | |
| Name | | | |
| Street Address (P. O. Box Number is Not Acceptable) | | | |
| City | | FL | Zip Code |

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|---------------------------------|-----------------------|---|
| TITLE | MGRM LINN, JAMES A | TITLE | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 4540 SOUTHSIDE BLVD #902 | NAME | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | STREET ADDRESS | U00000279490 |
| | | CITY-ST-ZIP | 03/28/05-80065-021 50.00 |
| TITLE | MGRM | TITLE | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, CAROLE | NAME | |
| STREET ADDRESS | 4540 SOUTHSIDE BLVD #902 | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carole E. Davis 3.25.05 904-641-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #