

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-16-2002 90087 044 ****50.00

DOCUMENT # L01000003086

1. Entity Name
TJF, LLC

Principal Place of Business
**1610 TENNESSEE AVENUE
 LYNN HAVEN FL 32444**

Mailing Address
**1610 TENNESSEE AVENUE
 LYNN HAVEN FL 32444**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3722212

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TILLMAN, FRANK A
 1610 TENNESSEE AVENUE
 LYNN HAVEN FL 32444**

Name **Jean F. Tillman**

Street Address (P.O. Box Number is Not Acceptable)
1610 Tennessee Avenue

City **Lynn Haven** FL Zip Code **32444**

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 *J. J. Jui*

04/03/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** Delete
 NAME **TILLMAN, FRANK A**
 STREET ADDRESS **1610 TENNESSEE AVENUE**
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **MGR** Change Addition
 NAME **Jean F. TILLMAN**
 STREET ADDRESS **1610 Tennessee Avenue**
 CITY-ST-ZIP **Lynn Haven, FL. 32444**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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)(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: *J. J. Jui*

04/03/02

Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

CR2E083 (9/01)