

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90010 036 \*\*\*\*50.00

0052364

**DOCUMENT # L01000009208**



1. Entity Name  
**C2J, L.L.C.**

Principal Place of Business  
**C/O C2J, L.L.C.  
1210 9TH STREET SW  
VERO BEACH FL 32962**

Mailing Address  
**C/O C2J, L.L.C.  
1210 9TH STREET SW  
VERO BEACH FL 32962**



2. Principal Place of Business  
**3035 Golfview DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**3035 Golfview DR**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**VERO BEACH FL**

City & State  
**VERO BEACH, FL**

4. FEI Number **65-1112118**

Applied For  
 Not Applicable

Zip **32960** Country **Indian River**

Zip **32960** Country **Indian River**

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

**STEPANEK, JOHN S  
1210 9TH STREET SW  
VERO BEACH FL 32962**

Name **John Stepanek**  
Street Address (P.O. Box Number is Not Acceptable)

**3035 GOLF VIEW DR**  
City **VERO BEACH FL** Zip Code **32960**

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 \_\_\_\_\_ 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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>STEPANEK, JOHN S</b>	
STREET ADDRESS <b>1210 9TH STREET SW</b>	
CITY-ST-ZIP <b>VERO BEACH FL 32962</b>	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>FALEY, JOHN</b>	
STREET ADDRESS <b>1210 9TH ST SW</b>	
CITY-ST-ZIP <b>VERO BEACH FL 32962</b>	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>STEPANELL, CHRISTOPHER</b>	
STREET ADDRESS <b>1210 9TH ST SW</b>	
CITY-ST-ZIP <b>VERO BEACH FL 32962</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE <b>MANAGER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>John Stepanek</b>	
STREET ADDRESS <b>3035 Golfview DR</b>	
CITY-ST-ZIP <b>VERO BEACH, FL 32960</b>	
TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>John Foley</b>	
STREET ADDRESS <b>3035 Golfview DR</b>	
CITY-ST-ZIP <b>VERO BEACH, FL 32960</b>	
TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Christopher Stepanek</b>	
STREET ADDRESS <b>3035 Golfview DR</b>	
CITY-ST-ZIP <b>VERO BEACH, FL 32960</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *John J Foley* **SIGNATURE REQUIRED** **John J Foley** **3-26-03** **772-234-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)