

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

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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 Golf View DR

Suite, Apt. #, etc.

3. Mailing Address

3035 Golf View 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

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

7. Name and Address of New Registered Agent

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MANAGER	JOHN STEPANEK	3035 GOLF VIEW DR	VERO BEACH, FL 32960	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGR	JOHN FOLEY	3035 GOLF VIEW DR	VERO BEACH, FL 32960	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGR	CHRISTOPHER STEPANEK	3035 GOLF VIEW DR	VERO BEACH, FL 32960	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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)