

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011640

1. Entity Name

TJCJ, L.L.C.



FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90064 001 ****25.00

07-30-2003 90064 002 ****25.00

Principal Place of Business

Mailing Address

445 NORTH A1A, STE. 200
VERO BEACH FL 32963

445 NORTH A1A, STE. 200
VERO BEACH FL 32963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4445 NORTH A1A STE 200

4445 NORTH A1A STE 200

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1131663

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUFORD, ANTHONY A

4445 NORTH A1A, STE. 200
VERO BEACH FL 32963

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 ANTHONY A. BUFORD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME BUFORD, ANTHONY A
STREET ADDRESS 445 NORTH A1A, STE. 200
CITY-ST-ZIP VERO BEACH FL 32963

☐ Delete

TITLE
NAME
STREET ADDRESS 4445 NORTH A1A STE 200
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE MGR
NAME MASON, JEAN F III
STREET ADDRESS 445 NORTH A1A, STE. 200
CITY-ST-ZIP VERO BEACH FL 32963

☐ Delete

TITLE
NAME
STREET ADDRESS 4445 NORTH A1A STE 200
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-15-03

CR2E083 (4/03)

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