


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90126 048 ***138.75

DOCUMENT # L02000011350	
1. Entity Name CJT/TL INVESTMENTS, LLC.	

Principal Place of Business 815 CARIBBEAN CT MARCO ISLAND FL 34145	Mailing Address PO BOX 1152 MARCO ISLAND FL 34146 US
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change (pointing to Principal Place of Business)
✓ same (pointing to Mailing Address)



2. Principal Place of Business - No P.O. Box # 689 SO. COLLIER BLVD	3. Mailing Address Same as above
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1st MOORE CR2E083 (10/07)

City & State Marco Island FL	City & State
Zip 34145	Country USA

4. FEI Number 20-0350587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent TITGEMIER, CARL J 815 CARIBBEAN CT MARCO ISLAND FL 34145
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7. Name and Address of New Registered Agent	
Name TERESA LEONIA	Street Address (P.O. Box Number is Not Acceptable) 689 SO. COLLIER BLVD
City Marco Island	FL Zip Code 34145

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 <i>Teresa Leonia</i> TERESA LEONIA, MGRM	DATE 3/25/2008

<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM	<input type="checkbox"/> Delete
NAME TITGEMIER, CARL J	
STREET ADDRESS 815 CARIBBEAN CT.	
CITY-ST-ZIP MARCO ISLAND FL 34145	
TITLE MGRM	<input type="checkbox"/> Delete
NAME LEONIA, TERESA	
STREET ADDRESS 162 SAXON ST.	
CITY-ST-ZIP MARGO ISLAND FL 34145	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<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	
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 exemptions contained in Section 119, 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: <i>Teresa Leonia</i>	DATE 3/25/2008 Daytime Phone # 239-642-0167