

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90140 028 \*\*\*\*50.00

**DOCUMENT # L02000030608**

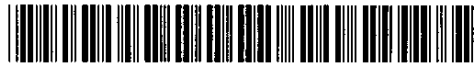
1. Entity Name  
**CJM EXCHANGE PROPERTY I, LLC**



Principal Place of Business  
**4532 U.S. HIGHWAY 19 2ND FLOOR  
NEW PORT RICHEY, FL 34652**

Mailing Address  
**4532 U.S. HIGHWAY 19 2ND FLOOR  
NEW PORT RICHEY, FL 34652**

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2. Principal Place of Business

**7916 Evolutions Way**

3. Mailing Address

**7916 Evolutions Way**

Suite, Apt. #, etc.

**Suite 106**

Suite, Apt. #, etc.

**Suite 106**

City & State

**Trinity, FL**

City & State

**Trinity, FL**

Zip

**34655**

Country

**PASCO**

Zip

**34655**

Country

**PASCO**

02072006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**36-4512765**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MITCHELL, D. DEWEY  
4532 U.S. HIGHWAY 19 2ND FLOOR  
NEW PORT RICHEY, FL 34652**

7. Name and Address of New Registered Agent

Name **Mitchell, D. DEWEY**

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

**7916 Evolutions Way,**

**Suite 106**

City **Trinity**

**FL**

Zip Code  
**34655**

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

*D. Dewey Mitchell* **D. Dewey Mitchell**

**2-10-06**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **T** ☒ Delete  
NAME **MITCHELL, D. DEWEY**  
STREET ADDRESS **4532 U.S. HIGHWAY 19, 2ND FLOOR**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **T** ☒ Change ☐ Addition  
NAME **Mitchell, D. DEWEY**  
STREET ADDRESS **7916 Evolutions Way, Suite 106**  
CITY-ST-ZIP **Trinity, FL 34655**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 exemptions contained in Chapter 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:**

*D. Dewey Mitchell* **D. Dewey Mitchell**

**2-10-06**

**727-569-2332**

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

Date

Daytime Phone #