

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033922

1. Entity Name
CJ EQUITIES, LLCPrincipal Place of Business
C/O LANDMARK DEVELOPMENT GROUP, LLC
5668 STRAND CT.
NAPLES, FL 34110Mailing Address
C/O LANDMARK DEVELOPMENT GROUP, LLC
5668 STRAND CT.
NAPLES, FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3766327

Applied For
Not Applicable5. 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

CLASP INC.
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES, FL 34103Name
Cohen & Grigsby, P.C.Street Address (P.O. Box Number is Not Acceptable)
27200 Riverview Center Blvd.

Suite 309

City
Bonita SpringsFL Zip Code
34134

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

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

(NOTE: Registered Agent Signature required when selecting any)

DATE

4/29/03

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
MGR	PIERCE, CHRISTOPHER	5668 STRAND CT	NAPLES, FL 34110	☐

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
MGR	PIERCE, JAMES A	5668 STRAND CT	NAPLES, FL 34110	☐

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
				☐

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
				☐

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
				☐

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-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)(f), 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 605, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA☒ CHECK HERE IF MAKING CHANGES

CR2ED03 (10/02)

200017864232
05/02/03--01017--030 **\$0.00

4/29/03 239-597-8400