		ANNUAL	KEF	OHI (AK	<u></u>	· · · · · · · · · · · · · · · · · · ·	7			
DOCUMENT # L03000003967 1. Entity Name							FILED			
BJL PROPERTIES, LLC				<i>3</i>			Jan 20, 2006 08:00 AM Secretary of State			
Principal Place of Business				Mailing Address	<u></u>		Secretar	Ly UI	State	
3 PINE BLUFF TRAIL				3 PINE BLUFF TRAIL						
ORMOND BEACH FL 32174			C	ORMOND BEACH FL 32174						
2. Principal Place of Business			3.	3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			1st MOORE	CR2E08	3 (10/05)	
City & State				City & State			4. FEI Number 48-1300761		——— <u> </u>	plied For t Applicat
Zip	Zip Country			Zip Cou		ntry	5. Certificate of Status Desired		\$5.00 Add	itional
6. Name and Address of Current Re				stered Agent	<u>.i</u>		7. Name and Address of New R	egistered		
MODARTINALICA						Name	•			
MCCARTHY, LISA 3 PINE BLUFF TRAIL ORMOND BEACH FL 32174						Street Address	P.O. Box Number is Not Acceptable	e)		· ·-
						City		Fl	Zip Code	€
	e named entiti		nt for the	purpose of changing its	s register	ed office or registe	red agent, or both, in the State of Flo		_ ;	and accep
SIGNATURE		or printed name of registered a	neet and title	d applicable (NOT	E Bagistare	d Agent signature required	dubun salmatuliani	DATE		
	cignature, type-o	or privide that is of registered a	gent and no	the state of the s	there is the section	FEE IS \$50.00	o when remarking)	DATE		*
				Make Check Payab	ile to Fl		nt of State			
9.		MANAGING MEN	ABERS/I	MANAGERS	10.	was be a new group defined.	ADDITIONS/	CHANGE	S -	
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name Street address					NAM STRE	ET ADDRESS				
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11. I hereby indicated	certify that th	e information supplied	with this	filing does not qualify	for the ex	kemptions containe	ed in Section 119, Florida Statutes. I	further ce	ertify that the in	nformation
limited liz	ability compai	ny or the receiver or tri	ustee em	powered to execute this	s report a	as required by Char	pter 608, Florida Statutes.	(38		.go. 01 11:
0101167	ri in-	P) 1	7/	An Dr	10 de	Miss	Halar	ه د ر	7	
SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE										