

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017596

Entity Name: BJT, LLC

FILED  
May 27, 2008  
Secretary of State

**Current Principal Place of Business:**

2817 COUNTRY CLUB DR.  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**  
2817 COUNTRY CLUB DR.  
LYNN HAVEN, FL 32444

**New Mailing Address:**

FEI Number: 20-1101309      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUGHES, J. ROBERT ESQ  
220 MCKENZIE AVE.  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GREEN, GEORGE THOMAS JR  
Address: 2817 COUNTRY CLUB DR.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM ( ) Delete  
Name: GREEN, THOMAS LINDSAY  
Address: 2817 COUNTRY CLUB DR.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM ( ) Delete  
Name: JENSEN, ROBERT CHARLES  
Address: 2817 COUNTRY CLUB DR.  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE THOMS GREEN

MGRM

05/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date