2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90161 034 ****50.00

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DOCUMENT # L03000021584

1. Entity Name
LJH FINANCIAL MARKETING STRATEGIES, LLC

Principal Place of Business	Mailing Address
2640 GOLDEN GATE PARKWAY SUITE # 202 NAPLES, FL 34105	2640 GOLDEN GATE PARKWAY SUITE # 202 NAPLES, FL 34105

01172005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
3001 TAMIAMI TRAIL NORTH		3001 TAMIAMI TRAIL NORTH	
Suite, Apt. #, etc.: SUITE 302		Suite, Apt. #, etc.: SUITE 302	
City & State: NAPLES FL		City & State: NAPLES FL	
Zip: 34103	Country: USA	Zip: 34103	Country: USA

4. FEI Number: 16-1668590 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAVRIANOS, SANDRA L
2640 GOLDEN GATE PARKWAY
SUITE 202
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name: BILLEWICZ, ROBERT W.
Street Address (P.O. Box Number is Not Acceptable): 3001 TAMIAMI TRAIL NORTH
SUITE 302
City: NAPLES FL Zip Code: 34103

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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 03-28-05

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	HEDGES, JAMES R IV	
STREET ADDRESS	2640 GOLDEN GATE PARKWAY, SUITE 202	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	MGR	☐ Delete
NAME	LUER, CHARLOTTE	
STREET ADDRESS	2640 GOLDEN GATE PARKWAY, SUITE 202	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	—	☑ Change	☐ Addition
NAME	—		
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH, SUITE 302		
CITY-ST-ZIP	NAPLES, FL 34103		
TITLE	—	☑ Change	☐ Addition
NAME	—		
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH, SUITE 302		
CITY-ST-ZIP	NAPLES, FL 34103		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 exemption stated in Section 119.07(3)(i), 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: [signature] 03-28-05 (239) 403-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #