



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000021584 1. Entity Name LJH FINANCIAL MARKETING STRATEGIES, LLC	
---	---

Principal Place of Business 3001 TAMiami TR N STE 302 NAPLES, FL 34103	Mailing Address 3001 TAMiami TR N STE 302 NAPLES, FL 34103
---	---

DO NOT WRITE IN THIS SPACE

	
01042008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 16-1668590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LUER, CHARLOTTE 3001 TAMiami TRAIL N SUITE 302 NAPLES, FL 34103	DO NOT WRITE IN THIS SPACE
---	---------------------------------------


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 obligation: _____	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and wife if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEDGES, JAMES R IV 3001 TAMiami TRAIL STE 302 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUER, CHARLOTTE 3001 TAMiami TR NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000778341
01/10/08-80040-020 138.75

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	01-08-08 (239) 403-3030 <small>Date Daytime Phone #</small>