

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90013 033 \*\*\*\*50.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # L03000023650</b><br>1. Entity Name<br><b>TJS, LLC</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>6802 SHIMMERING DRIVE LAKELAND, FL 33813</b>   |   |  |  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>250 CANTERWOOD Lane</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                |  | 07062007 Chg-LLC CR2E083 (12/06)  |  |
| City & State<br><b>Mulberry, Fla.</b>  |   | City & State   |  | 4. FEI Number<br><b>02-0697135</b>  |  |
| Zip<br><b>33860</b>  |   | Country<br><b>FL</b>                                     |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>REHBERG, JAMES H</b><br><b>6802 SHIMMERING DRIVE LAKELAND, FL 33813</b><br><b>250 CANTERWOOD Lane Mulberry, Fla. 33860</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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.<br>SIGNATURE <u><i>James H Rehberg</i></u> (NOTE: Registered Agent signature required when reappointing) DATE  |   |  |  |   |  |
| <b>Filing Fee is \$50.00 Due by September 14, 2007</b>   |   | <b>Make check payable to Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br><b>REHBERG, JAMES H</b><br><b>6802 SHIMMERING DRIVE LAKELAND, FL 33813</b><br><b>250 CANTERWOOD Lane Mulberry, Fla 33860</b> | <input type="checkbox"/> Delete                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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. |   |  |  |   |  |
| <b>SIGNATURE:</b> <u><i>James H Rehberg</i></u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  |   |  |  |   |  |