

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-17-2004 90197 039 ****50.00

DOCUMENT # L03000027632					
1. Entity Name C & J FINANCIAL L.L.C.					
Principal Place of Business 3087 S.W. MARTIN DOWNS BLVD. PALM CITY FL 34990			Mailing Address 3087 S.W. MARTIN DOWNS BLVD. PALM CITY FL 34990		
2. Principal Place of Business 911 Village Blvd Suite, Apt. #, etc. Suite 807 City & State West Palm Beach, FL Zip 33409 Country USA		3. Mailing Address 911 Village Blvd Suite, Apt. #, etc. Suite 807 City & State West Palm Beach FL Zip 33409 Country USA			
4. FEI Number 20-0125939				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRESLAUER, CRAIG 3087 S.W. MARTIN DOWNS BLVD. PALM CITY FL 34990			7. Name and Address of New Registered Agent Name Schilero, John Street Address (P.O. Box Number is Not Acceptable) 911 Village Blvd, Suite 807 City West Palm Beach FL Zip Code 33409		
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 <u>John Schilero</u> DATE <u>2/10/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	
	MGRM	BRESLAUER, CRAIG	3087 S.W. MARTIN DOWNS BLVD. PALM CITY FL 34990		
	MGRM	SCHILERO, JOHN	911 VILLAGE BLVD., SUITE 807 WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
10. ADDITIONS/CHANGES					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 60B, Florida Statutes.					
SIGNATURE: <u>John Schilero</u>				Date <u>2/10/04</u> Daytime Phone # <u>561-471-1178</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					