2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State
05-04-2007 90305 044 ****50.00

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1. Entity Name
EJ & ASSOCIATES PROPERTIES, LLC

04232007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
~~4066 EVANS AVE~~ ~~22~~ ~~FORT MYERS, FL 33901~~	P O BOX 1408 LEHIGH ACRES, FL 33970

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2733 Oak Ridge Ct.	
Suite, Apt. #, etc.: 103	Suite, Apt. #, etc.:
City & State: Fort Myers	City & State:
Zip: 33901 Country: Lee	Zip: Country:

4. FEI Number: 04-3773745 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JULMEUS, EVANEL ~~2804 12 STREET WEST~~ ~~LEHIGH ACRES, FL 33971~~	Name: Evanel Julmeus Street Address (P.O. Box Number is Not Acceptable): 12440 Muddy Creek Ln City: Fort Myers FL Zip Code: 33913

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: Evanel Julmeus [signature] MGRM 4-24-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JULMEUS, EVANEL ~~2804 12 STREET WEST~~ ~~LEHIGH ACRES, FL 33971~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Evanel Julmeus 12440 Muddy Creek Ln. Fort Myers FL 33913	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] Evanel Julmeus 5/30/07 239-872-7230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #