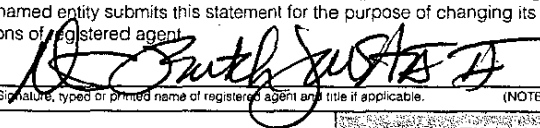


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90040 025 ****50.00

DOCUMENT # L03000038072 1. Entity Name WJBJ ENTERPRISES, LLC					
Principal Place of Business 11036 AVALON RIDGE WAY WINTER GARDEN FL 34787 US			Mailing Address 11036 AVALON RIDGE WAY WINTER GARDEN FL 34787 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0288108	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent JOHNSTON, DARWIN B JR II 11036 AVALON RIDGE WAY WINTER GARDEN FL 34787				7. Name and Address of New Registered Agent JOHNSTON, DARWIN BURN II 11036 AVALON RIDGE WAY WINTER GARDEN FL 34787	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM ☐ Delete		TITLE	MGRM ☒ Change ☐ Addition	
NAME	JOHNSTON, DARWIN B JR		NAME	JOHNSTON, DARWIN BURN II	
STREET ADDRESS	11036 AVALON RIDGE WAY		STREET ADDRESS	11036 AVALON RIDGE WAY	
CITY-ST-ZIP	WINTER GARDEN FL 34787		CITY-ST-ZIP	WINTER GARDEN, FL. 34787	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			4-15-04 863-207-2498		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		