

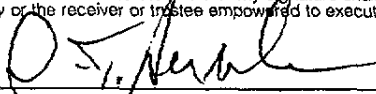


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000038177</b>		
<b>1. Entity Name</b> LLJM, LLC		
<b>Principal Place of Business</b> 1753 OSPREY COVE NICEVILLE, FL 32578	<b>Mailing Address</b> 4502 HIGHWAY 20 EAST SUITE A NICEVILLE, FL 32578	
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01032006 No Chg-LLC CR2E083 (11/05)
<b>4. FEI Number</b> 65-1206844		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>  PERRI, DANIEL C 4 ELEVENTH AVENUE, SUITE 1 SHALIMAR, FL FL325-79		<b>DO NOT WRITE IN THIS SPACE</b>
<b>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.</b>		
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <b>DATE</b> _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		1100000383048 01/12/06-80037-014 50.00
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR HERNDON, D. TIMOTHY 1753 OSPREY COVE NICEVILLE, FL 32578	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		
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<b>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>		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<b>1/6/06</b> <b>850-897-4333</b> <small>Date Daytime Phone #</small>