


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000041591</b> 1. Entity Name CASJS MARINE, LLC	
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Principal Place of Business 9015 HAVENSIGHT MALL WAREHOUSE K, STE 3 ST THOMAS, VI 00802	Mailing Address C/O ANGIE MINSKALL 1336 BASSWOOD RD SCHAUMBURG, IL 60173
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 31-0388482	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HAFT, STUART J ESQ 340 ROYAL POINCIANA WY, STE 321 PALM BEACH, FL 33480
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

000000593375  
01/22/07-80029-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHENSON, RICHARD J 9015 HAVENSIGHT MALL, WAREHOUSE K, SUITE 3 ST THOMAS, VI 00802
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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: <i>R. J. Stephenson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date: <i>1-5-07</i>	Daytime Phone #
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