


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90240 016 \*\*\*138.75

<b>DOCUMENT # L03000041591</b>	
1. Entity Name <b>CASJS MARINE, LLC</b>	

Principal Place of Business <b>9015 HAVENSIGHT MALL WAREHOUSE K, STE 3 ST THOMAS, VI 00802</b>	Mailing Address <b>C/O ANGIE MINSKALL 1336 BASSWOOD RD SCHAUMBURG, IL 60173</b>
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**60014285**



2. Principal Place of Business - No P.O. Box # <b>9800 Buccaneer Mall</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Ste. 2B, Box 35</b>	Suite, Apt. #, etc.
City & State <b>St. Thomas, USVI</b>	City & State
Zip <b>00802</b>	Country <b>USA</b>

01032008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>31-0388482</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>HAFT, STUART J ESQ 340 ROYAL POINCIANA WY, STE 321 PALM BEACH, FL 33480</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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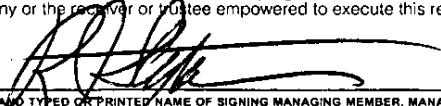
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM STEPHENSON, RICHARD J 9015 HAVENSIGHT MALL, WAREHOUSE K, SUITE 3 ST THOMAS, VI 00802</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9800 Buccaneer Mall, Suite 2B, Box 35 St. Thomas, USVI 00802</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **3/6/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #