2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000043398

1. Entity Name
PBJ, L.L.C.

Principal Place of Business	Mailing Address
3727 CRICKETT COVE ROAD	3727 CRICKETT COVE ROAD
JACKSONVILLE, FL 32224	JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

01032007No Chg-LLC   CR2E083 (11/05)

4. FEI Number — 20-0440003 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CRAMER, CHARLES W
1411 EDGEWATER DRIVE, SUITE 100
ORLANDO, FL 32804

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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 _____

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

000000584058
01/12/07-80022-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOHNSON, DAVID C MR
STREET ADDRESS	3727 CRICKET COVE RD. E
CITY-ST-ZIP	JACKSONVILLE, FL 32224

TITLE	
NAME	
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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.

DAVID C. JOHNSON

SIGNATURE: _____   1/10/07   904 223 3807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #