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005 LIMITED LIABILITY COMPANY		Apr 14, 2005 8:00 an
ANNUAL REPORT		Secretary of State
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DOCU 1. Entity Name CAY J ENTERPRISES, L.L.C. 20032489 Principal Place of Business Mailing Address 3224-A SUNSEY KEY CIR. 3224-A SUNSEY KEY CIR. PUNTA GORDA, FL 33955 PUNTA GORDA, FL 33955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 56-2418981 Not Applicable Country Zίρ Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEWMIN, W. GERALD Street Address (P.O. Box Number is Not Acceptable) 3224-A SUNSEY KEY CIR. PUNTA GORDA, FL 33955 City Zip Code 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 4 applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Fiorida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete ☐ Change ☐ Addition NEWMIN, W. GERALD NAME NAME 3224-A SUNSEY KEY CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33955 CITY-ST-ZIP MGR ☐ Change TITLE Delete TITLE Addition CORBETT, BARBARA L NAME NAME STREET ADDRESS 3224-A SUNSEY KEY CIR. STREET ADDRESS CITY-ST-7IP PUNTA GORDA, FL 33955 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE