


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90037 001 ***277.50

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| DOCUMENT # L03000043852 |  |
| 1. Entity Name CAY J ENTERPRISES, L.L.C. | |

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| Principal Place of Business 3224-C SUNSEY KEY CIR. PUNTA GORDA, FL 33955 | Mailing Address 3224-C SUNSEY KEY CIR. PUNTA GORDA, FL 33955 |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

60009850



01282008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 56-2418981 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent NEWMIN, W. GERALD 3224-A SUNSEY KEY CIR. PUNTA GORDA, FL 33955 | |
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| 7. Name and Address of New Registered Agent Name <u>NEWMIN, W. GERALD</u> Street Address (P.O. Box Number is Not Acceptable) <u>3224-C SUNSET KEY CIRCLE</u> City <u>PUNTA GORDA</u> FL <u>33955</u> | |
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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.

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| SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE <u>2/19/08</u> |
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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NEWMIN, W. GERALD 3224-C SUNSET KEY CIRCLE PUNTA GORDA, FL 33955 <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 | MGR CORBETT, BARBARA L 3224-C SUNSET KEY CIRCLE PUNTA GORDA, FL 33955 <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.

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| SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | DATE <u>2/19/08</u> <small>Date</small> | DAYTIME PHONE # <u>941-637-9883</u> <small>Daytime Phone #</small> |
|---|--|---|