

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047655

Entity Name: CJ MUIR ENTERPRISES, LLC

FILED
Jan 15, 2005
Secretary of State

Current Principal Place of Business:

8025 ROYAL PALM CIRCLE
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

8025 ROYAL PALM CIRCLE
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 20-0431015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUIR, CAROL J
8025 ROYAL PALM CIR
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MUIR, CAROL J
Address: 8025 ROYAL PALM CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: MGRM () Delete
Name: MUIR, SHANON L
Address: 1415 ALVARADO TER #311
City-St-Zip: LOS ANGELES, CA 90006

Title: MGRM () Delete
Name: SMITH, VALERIE N
Address: 1169 OCEAN AVE #9E
City-St-Zip: BROOKLYN, NY 11230

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MUIR, SHANON L
Address: 1456 SOUTH FAIRFAX #6
City-St-Zip: LOS ANGELES, CA 90019

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CAROL MUIR

MGR

01/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date