2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 20, 2006 8:00 am Secretary of State **DOCUMENT # L03000053030** 04-20-2006 90028 024 ****50.00 CAJ PROPERTY INVESTMENTS, LLC Principal Place of Business Mailing Address **20000000** 525 MARINA POINT **525 MARINA POINT** DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 2. Principal Place of Business //3 BLR9 Cov. 3. Mailing Address COURT /(3 Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 Chg-LLC CR2E083 (11/05) City & State City-& State 4. FEI Number Applied For DATTONA **NOT APPLICABLE** Not Applicable \$5.00 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, JOE W 113 BERG COURT Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH, FL 32124 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 Signeture, 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, 2006 Make check payable to Florida Department of State 9, MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE Change 113 BERY COVAT DAYTOWA BEACH FL 32124 ☐ Addition NAME JOHNSON, JOSEPH NAME STREET ADDRESS 525 MARINA POINT STREET ADDRESS CITY-ST-7IP DAYTONA BEACH, FL 32114 CITY-ST-ZIP TILLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIDE ☐ Delete IIILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Detete 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 COTY-ST-70 CITY-ST-ZIP 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.

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED