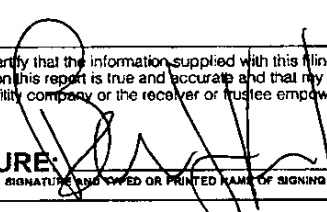


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

07 OCT -5 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000012893					
1. Entity Name BJK, LLC					
Principal Place of Business 30050 CHAGRIN BOULEVARD SUITE 100 PEPPER PIKE, OH 44124 US			Mailing Address 30050 CHAGRIN BOULEVARD SUITE 100 PEPPER PIKE, OH 44124 US		
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
4. FEI Number 20-0740301			Applied For Not Applicable		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			09212007 Chg-LLC CR2E083 (12/06)		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAUTTER, C. CHRISTIAN ESQ. 2850 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33311				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOSAR, BRIAN 30050 CHAGRIN BOULEVARD, SUITE 100 PEPPER PIKE, OH 44124 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member (MGRM) ☒ Change ☐ Addition Kosar, Bernie, Jr. 600 West Las Olas Blvd.#909 Ft. Lauderdale, FL 33312		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100110519181 10/09/07--01018--008 ***50.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.					
SIGNATURE 		Bernie Kosar, Jr., Managing Member (330) 509-8499			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	