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	Mailing Address
30050 CHAGRIN BOULEVARD SUITE 100 PEPPER PIKE, OH 44124 US	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

09212007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0740301 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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) Kosar, Bernie, Jr. 600 West Las Olas Blvd.#909 Ft. Lauderdale, FL 33312	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100110519181 10/09/07--01018--002 **50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 #