


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000017089 1. Entity Name CJJK, LLC	
---	---

Principal Place of Business 5625 SOUTH HIGHWAY A1A MELBOURNE BEACH, FL 32591 US	Mailing Address 5625 SOUTH HIGHWAY A1A MELBOURNE BEACH, FL 32591 US
---	---

DO NOT WRITE IN THIS SPACE



01042007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0807244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent BURTON, ERIC T 5625 SOUTH HIGHWAY A1A MELBOURNE BEACH, FL 32591
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOYNER, KRISIT L 410 RIVER VIEW LANE MELBOURNE BCH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOYNER, WILLIAM J 410 RIVER VIEW LANE MELBOURNE BCH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRCHER, CRAIG R 5625 SOUTH HWY A1A MELBOURNE BCH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRCHER, JANE M 5625 SOUTH HWY A1A MELBOURNE BCH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000582727
01/11/07-80042-014 50.00

**DO NOT WRITE
IN THIS SPACE**

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: G R Kircher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____