2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT #1.04000017080

,	May 14, 2008 8:00 am
!	Secretary of State
	05-14-2008 90079 036 ***138.75

Record Place of Business Society Socie	1. Entity Name CJJK, LLC						03-14-2006			0.75	
Sulid, Aptl. #, exc.	5625 SOUTH HIGHWAY A1A		5625 SOUTH HIGHWAY	5625 SOUTH HIGHWAY A1A					1011 0310k (0140 101	1 201 4 III. (100 1)	
City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address							
Zip Country Zip Country St. Certificate of Status Desired \$5.00 Additional Fee Required* Fee Req	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		05012008	Chg-LLC	CR2E	083 (12/06)		
Name and Address of Current Registered Agent	City & State		City & State	City & State					No	n Applicable	
BURTON, ERIC T 5625 SOUTH HIGHWAY A1A MELBOURNE BEACH, FL 32591 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 SPEAL Type Speak typed or private rare of registered agent. Marks check payable to Florida Department of 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am famil	Zip	Country	Zip	Count	try	5. Certificate	of Status Desired				
Street Address (P.O. Box Number is Not Acceptable)		6,⊬Name and Address of Curre	nt Registered Agent	·	Name	7. Name and	Address of New I	Registered	Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent, so frequency agent and tall of application. Signature	5625 SOUTH HIGHWAY A1A										
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 After May 1, 2008 Fee will be \$538.75 STREET ADDRESS CITY-SI-2P MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE MGRM Delete TITLE MGRM 10 RIVER VIEW LANE 410 RIVER VIEW LANE JOYNER, KRISIT L MGR MGRM JOYNER, WILLIAM J NAME JOYNER, WILLIAM J NAME JOYNER, WILLIAM J NAME JOYNER, WILLIAM J NAME MELBOURNE BCH, FL 32951 TITLE MGRM MG			for the purpose of changing its	registere	ed office or registe	red agent, or bo	th, in the State of Fl	lorida. I am	familiar with,	and accept	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM	SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT)	E: Registered	t Agent signature require	d when reinstating)		DATE			
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM											
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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: R. Kueller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE