

ANNUAL REPORT (AR) - DUE BY MAY 1, 2009

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



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

1st MOORE

CR2E083 (10/07)

4. FEI Number 20-0807244

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

BURTON, ERIC T
5625 SOUTH HIGHWAY A1A
MELBOURNE BEACH FL 32591

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's signature required when installing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME JOYNER, KRISIT L
STREET ADDRESS 410 RIVER VIEW LANE
CITY-ST-ZIP MELBOURNE BCH FL 32951

TITLE ☐ Change ☐ Addition
NAME 200143807352
STREET ADDRESS 02/17/09--01038--005 **138.75
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME JOYNER, WILLIAM J
STREET ADDRESS 410 RIVER VIEW LANE
CITY-ST-ZIP MELBOURNE BCH FL 32951

TITLE ☐ Change ☐ Addition
NAME L. SELLERS
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME KIRCHER, CRAIG R
STREET ADDRESS 5625 SOUTH HWY A1A
CITY-ST-ZIP MELBOURNE BCH FL 32951

TITLE ☐ Change ☐ Addition
NAME FEB 18 2009
STREET ADDRESS EXAMINER
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME KIRCHER, JANE M
STREET ADDRESS 5625 SOUTH HWY A1A
CITY-ST-ZIP MELBOURNE BCH FL 32951

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. K. Kircher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/27/09 321 768 1124