

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90100 032 ***138.75

DOCUMENT # L04000034451

1. Entity Name

C.J.'S PROPERTIES, LLC



Principal Place of Business

382 SW LEE AVE
MADISON FL 32340

Mailing Address

382 SW LEE AVE.
MADISON FL 32340



2. Principal Place of Business - No P.O. Box #

382 SW Lee Ave

3. Mailing Address

382 SW Lee Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

Madison, FL

4. FEI Number

30-0279970

Applied For

Not Applicable

Zip

Country

Zip

32340

Country

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

HONEYWELL, CATHERINE J
~~1420 SW LEE STREET~~
MADISON FL 32340

382 SW Lee Ave

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 reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
HONEYWELL, CATHERINE J
382 S.W. LEE AVE.
MADISON FL 32340

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
Honeywell, Catherine J
382 SW Lee Ave
Madison, FL 32340

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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: *Catherine J. Honeywell* Catherine J. Honeywell 2-1-08 (850-973-2837)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Filing Period #