


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000039595
 1. Entity Name
 TJU, L.L.C.



Principal Place of Business 13150 SE FLORA AVE HOBE SOUND, FL 33455	Mailing Address 13150 SE FLORA AVE HOBE SOUND, FL 33455
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DO NOT WRITE IN THIS SPACE



01252007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1197125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 NORMAN, KENNETH A
 2400 SE FEDERAL HWY, FOURTH FLOOR
 STUART, FL 34994

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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	MGR KILINSKI, TRACY 13150 SE FLORA AVE HOBE SOUND, FL 33455
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 03/08/07-80044-022 50.00

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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: *Thea Warren, BRPR* *Thea Warren* *2/24/07* *772-219-8835*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #