2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000040384

1. Entity Name C.J.R.SOUTH, L.L.C.



FILED Apr 17, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

221 WINDWARD PASSAGE

ISLAND ESTATES CLEARWATER, FL 33767 221 WINDWARD PASSAGE **ISLAND ESTATES**

CLEARWATER, FL 33767

US



03062008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAROLE, HERSHMAN P 221 WINDWARD PASSAGE **ISLAND ESTATES** CLEARWATER, FL 33767

STREET ADDRESS CHTY-ST-ZIP

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	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. It am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000903801 04/30/08-80060-005 138.75
9. HILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM HERSHMAN, CAROLE P 221 WINDWARD PASSAGE CLEARWATER, FL 33767		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
NAME STREET ADDRESS & CITY-ST-ZIP	or the second se		THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

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 AND TYPED OR PRINTED NA