


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90050 050 ****50.00

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| DOCUMENT # L04000045595 |  |
| 1. Entity Name C.J. RESORTS, LLC | |

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|---|---|
| Principal Place of Business 11 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435 | Mailing Address 11 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435 |
|---|---|

60010925



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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

01232007 Chg-LLC CR2E083 (12/06)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-1360789 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DANIELS, STEVEN L ESQ. % ARNSTEIN & LEHR LLP 2424 N. FEDERAL HWY., SUITE 462 BOCA RATON, FL 33431 | 7. Name and Address of New Registered Agent Name <u>CHRIS LANO</u> Street Address (P.O. Box Number is Not Acceptable) <u>11 OCEAN HARBOUR CIRCLE</u> City <u>OCEAN RIDGE</u> FL <u>33435</u> |
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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 CHRIS LANO (NOTE: Registered Agent signature required when reinstating) DATE 1/30/07

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LANO, CHRISTOPHER 11 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LANO, JANET 11 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: CHRISTOPHER LANO MGRM DATE 1/30/07

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