


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90013 039 \*\*\*\*50.00

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| <b>DOCUMENT # L04000050635</b><br>1. Entity Name<br><b>NAJECAM ENTERPRISES LLC</b>   |  |  |  |  |   |
| Principal Place of Business<br><b>3314 W. MULLEN AVENUE<br/>TAMPA, FL 33609</b>  |  |  | Mailing Address<br><b>3314 W. MULLEN AVENUE<br/>TAMPA, FL 33609</b>  |   |   |
| 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  | 01042007    Chg-LLC    CR2E083 (12/06)  |   |
| 4. FEI Number<br><b>20-2301634</b>   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$5.00</b> Additional Fee Required   |   |
| <b>6. Name and Address of Current Registered Agent</b>   |  |  | <b>7. Name and Address of New Registered Agent</b>   |   |   |
| <b>ANNIS, MICHAEL D</b><br><b>3314 W. MULLEN AVENUE</b><br><b>TAMPA, FL 33609</b>  |  |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |  |  |   |   |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b>  |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>ANNIS, MICHAEL<br>3314 WEST MULLEN AVENUE<br>TAMPA, FL 33609     | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>GOODWIN, NATALIE C<br>3314 WEST MULLEN AVENUE<br>TAMPA, FL 33609 | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>ANNIS, JEFFREY S<br>3314 WEST MULLEN AVENUE<br>TAMPA, FL 33609   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>ANNIS, CAROLINE E<br>3314 WEST MULLEN AVENUE<br>TAMPA, FL 33609  | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <br><br><br>   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <br><br><br>   | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |  |  |  |   |   |
| <b>SIGNATURE:</b> <u><i>Michael D. Annis</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  | <u>Jan 12, 2007</u><br><small>Date</small>   |   | <u>813 - 225-4182</u><br><small>Daytime Phone #</small>           |