

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053680

Entity Name: CJAX N CO. LLC

FILED  
Jan 09, 2007  
Secretary of State

**Current Principal Place of Business:**

9662 NW 35TH STREET  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

9050 PINES BLVD  
415  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

P.O. BOX 8124  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACKSON, CECELIA  
9662 NW 35TH STREET  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

JACKSON, CECELIA  
9050 PINES BLVD  
PEMBROKE PINES, FL 33024 US

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.

SIGNATURE:

01/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JACKSON, CECELIA  
Address: 9662 NW 35TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JACKSON, CECELIA  
Address: 9050 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CECELIA JACKSON

MGR

01/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date