2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

							,			
DOCUMENT # L04000053759 1. Entity Name BJR, LLC					05-02-2005 90083 036 ****50.00					
Principal Place of Business Mailing Address						791	•			
1819 SOUTH RIVERVIEW DRIVE, SUITE 101 MELBOURNE, FL 32901 1819 SOUTH RIVERVIEW I MELBOURNE, FL 32901				01						
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04132005	Chg-LLC	CR2E)83 (10/03)		
City & State		City & State		ŀ	4. FEI Numb	er 395497			plied For t Applicable	
Zip	Country	Zip	Country			of Status Desired		\$5.00 Add Fee Required	litional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
SUGGS, JAMES			Name							
SUGGS, JAMES 1819 SOUTH RIVERVIEW DRIVE, SUITE MELBOURNE, FL 32901		E 101	Street Ad	Address (P.O. Box Number is Not Acceptable)						
WILLBOOK	1142,72 02001									
			City				FL	Zip Code	8	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or	registere	ed agent, or bo	oth, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE.										
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signat.	ure required	when reinstating)		DATE			
Fi	Signature, typed or printed name of registered agent of the second	and title if applicable. (NOTE:	Registered Agent signes.	ure required	when reinstating)		ıke check p	payable to ment of State	e	
Fi	ling Fee is \$50.00		Registered Agent signes.	ure required	when reinstating)	Florid	ıke check p	ent of State	e	
9.	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE MGRM		10. TITLE	ure required	when reinstating)	Florid	ike check p da Departm	ent of State	Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James Suggs, Managing Member

SIGNATURE AND TIPED ON PRINTER THE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/26/05 Day/sme Phone #