



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90083 036 \*\*\*\*50.00

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # L04000053759</b><br>1. Entity Name<br>BJR, LLC  |  |  |  |               |  |
| Principal Place of Business<br>1819 SOUTH RIVERVIEW DRIVE, SUITE 101<br>MELBOURNE, FL 32901   |  |  | Mailing Address<br>1819 SOUTH RIVERVIEW DRIVE, SUITE 101<br>MELBOURNE, FL 32901  |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |  |  |
| City & State  |  | City & State   |  | 04132005    Chg-LLC    CR2E083 (10/03)   |  |
| Zip   |  | Country  |  | 4. FEI Number<br>20-1395497  |  |
|   |  |  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required       |  |
| 6. Name and Address of Current Registered Agent<br><br>SUGGS, JAMES<br>1819 SOUTH RIVERVIEW DRIVE, SUITE 101<br>MELBOURNE, FL 32901   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |  |
| 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 _____   |  |  |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  | <b>Make check payable to<br/>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>JACKSON, ROBERT<br>799 BALLON TERRACE S.E.<br>PALM BAY, FL 32909 |  | 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>SUGGS, JAMES<br>1070 HOLLOW BROOK LANE<br>MALABAR, FL 32950      |  | 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>LUCG, RUEDIGER<br>403 MARGINELLA LANE<br>INDIALANTIC, FL 32903   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Lueg, Ruediger<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <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  | <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  | <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 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. |  |  |  |  |  |
| <b>SIGNATURE:</b>    |  |  | James Suggs, Managing Member   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | Date <u>4/26/05</u> Daytime Phone # _____  |  |  |