


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000072557
 1. Entity Name
COJIM, LLC



Principal Place of Business Mailing Address
20 OAK ST. **20 OAK ST.**
FT. WALTON BEACH, FL 32548 **FT. WALTON BEACH, FL 32548**

DO NOT WRITE IN THIS SPACE



01112006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1847714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUGHT, BRUCE A
385 HIGHWAY 98
220
DESTIN, FL 32541

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COBERGER, SKIP 20 OAK ST. FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRINGTON, JAMES B 20 OAK ST. FT. WALTON BEACH, FL 32548
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1100000439451
 (850) 863-3103 50.00

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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: _____ Date: **2/20/2006** (850) 863-3103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #