

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-28-2005 90034 037 ****50.00

DOCUMENT # L04000085959 1. Entity Name CJ, LLC			
Principal Place of Business 543 HIGHWAY 98 501 DESTIN, FL 32541 US		Mailing Address 543 HIGHWAY 98 501 DESTIN, FL 32541 US	
2. Principal Place of Business 543 Harbor Blvd #501 Suite, Apt. #, etc.		3. Mailing Address 543 Harbor Blvd 501 Suite, Apt. #, etc.	
City & State Destin FL Zip 32541		City & State Destin FL Zip 32541	
4. FEI Number 20-2765430		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CADENHEAD LAW FIRM 30 SOUTH SHORE DRIVE DESTIN, FL 32550		7. Name and Address of New Registered Agent: Name Street Address (P.O. Box Number is Not Acceptable) 543 Harbor Blvd #501 City Destin FL Zip Code 32541	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CADENHEAD, CHRIS E 543 HIGHWAY 98, STE. 501 DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	543 Harbor Blvd #501 Destin FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGESS, JAMES F 543 HIGHWAY 98, STE. 501 DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <u>Chris Cadenhead</u>		CHRIS CADENHEAD 4/25/05	

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04252005 Chg-LLC CR2E083 (10/03)