## 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**
**May 19, 2009**
**Secretary of State**

DOCUMENT# L04000088126

**Entity Name:** CJF, LLC

**Current Principal Place of Business:**

20800 N.W. 2ND AVENUE
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

20800 N.W. 2ND AVENUE
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number: 20-2124011** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FODIMAN, TODD A ESQ.
1111 BRICKELL AVENUE
SUITE 2150
MIAMI, FL 33131 US

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

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: ______________________________

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: ZINN, WARREN
Address: 20800 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: MGR ( ) Delete
Name: HARPER, CHARLES
Address: 20800 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: DAY, ERIK
Address: 20800 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify 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: ERIK DAY MGR 05/19/2009

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