

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092489

Entity Name: BLJ ENTERPRISES, L.L.C.

FILED  
Feb 20, 2007  
Secretary of State

**Current Principal Place of Business:**

24 WEST CHASE STREET  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

24 WEST CHASE STREET  
PENSACOLA, FL 32502

**New Mailing Address:**

FEI Number: 84-1664648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOZIER, THAMES & FRAZIER, P.A.  
24 WEST CHASE STREET  
PENSACOLA, FL 32502 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: MGRM ( ) Delete  
Name: JARVIS, BYRON L  
Address: POST OFFICE BOX 672  
City-St-Zip: GONZALEZ, FL 32560

Title: MGRM ( ) Delete  
Name: JARVIS, LINDA M  
Address: POST OFFICE BOX 672  
City-St-Zip: GONZALEZ, FL 32560

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JARVIS, BYRON L  
Address: 1415 OLD CHEMSTRAND ROAD  
City-St-Zip: CANTONMENT, FL 32533

Title: MGRM (X) Change ( ) Addition  
Name: JARVIS, LINDA M  
Address: 1415 OLD CHEMSTRAND ROAD  
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA JARVIS

MGRM

02/20/2007

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