

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000006758

1. Entity Name
CJR ENTERPRISES LLC



Principal Place of Business
15575 WOODMAR COURT
WELLINGTON, FL 33414-9053 US

Mailing Address
951 SW 4TH AVE
BOCA RATON, FL 33432-5803 US



02082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2207479

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAKESBERG, WILLIAM J CPA
951 SW 4TH AVE
BOCA RATON, FL, FL 33432

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

U000000637006
02/26/07-80042-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROSEN, JACK J
STREET ADDRESS	15575 WOODMAR COURT
CITY-ST-ZIP	WELLINGTON, FL 334149053
TITLE	MGRM
NAME	ROSEN, ANDREW L
STREET ADDRESS	13627 ISHNALA CIRCLE
CITY-ST-ZIP	WELLINGTON, FL 334147804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JACK J ROSEN

MANAGER

Date

2/13/07

Daytime Phone #

5613339472