## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 04, 2008 8:00 am Secretary of State

DOCU 1. Entity Nam CJT, LLC		7862				03-04-200	8 90102 046 ***13	88.75
Principal Place of Business		Mailing Address			1	60012	329	
2860 HWY 71 N		P.O. BOX 26				OUNTE	0 20 0	
MARIANNA, FL 32446		MARIANNA, FL 32447			1	413		
					1 13 1 (43) 1 1 1	BENEN JUNN BENN BENN BENN B	PRIN ARMA HUM MARA MEMBERHER M	<b>616</b> 1       <b>116</b> 1
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numbe 57-074		<b>├</b> - <b>├</b> -	pplied For ot Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired	□ \$5.00 Ad Fee Require	
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New	Registered Agent —	
WEEL CHILDY			•	Name Travis Howell				
NEEL, CHUCK A 4501 DAVIS STREET MARIANNA, FL 32446				Street Address	(P.O.,Box Number	r is Not Acceptat	ble) - B	
170 (1 (1) (14)	7,12 02440				ianna	FL		
			1	City	· • [ - ] • [	,	FL Zip Coo	le d
	named entity submits this statement folions of registered agent.	11/11	/ ,	_		h, in the State of I	Florida. I am familiar with,	
BIGHWITOTIE :	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	Registered	d Agent signature requir	Member ed when reinstating)	C/ W	DATE	
FILE	Signature, typed or printed name of registered agent E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.7		E: Registered	( 414   M	ed when reinstating)			
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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 of provided to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MISTING PRINTED HOME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

3-3-08

850 526 2040

Daytime Phone #