

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032544

Entity Name: CUJAS, LLC

FILED
May 29, 2007
Secretary of State

Current Principal Place of Business:

8386 NAULT RD
FT. MYERS, FL 33917

New Principal Place of Business:

8386 NAULT RD
N FT. MYERS, FL 33917

Current Mailing Address:

8386 NAULT RD
FT. MYERS, FL 33917

New Mailing Address:

8386 NAULT RD
N FT. MYERS, FL 33917

FEI Number: 06-1744249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CUJAS, JOSEPH
8386 NAULT RD
FT. MYERS, FL 33917 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: CUJAS, JOSEPH
Address: 8386 NAULT RD
City-St-Zip: FT. MYERS, FL 33917

Title: MGRM () Delete
Name: CUJAS, KATHERINE
Address: 8386 NAULT RD
City-St-Zip: FT. MYERS, FL 33917

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CUJAS, JOSEPH D
Address: 8386 NAULT RD
City-St-Zip: N FT. MYERS, FL 33917

Title: MGRM (X) Change () Addition
Name: CUJAS, KATHERINE L
Address: 8386 NAULT RD
City-St-Zip: N FT. MYERS, FL 33917

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: KATHERINE CUJAS

MGRM

05/29/2007

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