

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 JAN 26 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01262006 Chg-LLC CR2E083 (11/05)

4. FEI Number 30-0316479 Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

DOCUMENT # L05000047176			
1. Entity Name CJC FINANCIAL ENTERPRISES, L.L.C.			
Principal Place of Business 29 GOLDFINCH WAY CRAWFORDVILLE, FL 32327		Mailing Address 29 GOLDFINCH WAY CRAWFORDVILLE, FL 32327	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  MILLER, HENRY 29 GOLDFINCH WAY CRAWFORDVILLE, FL 32327	<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HENRY		NAME		
STREET ADDRESS	29 GOLDFINCH WAY		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHRISTOPHER		NAME		
STREET ADDRESS	5984 COLONEL SCOTT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARGARET		NAME		
STREET ADDRESS	5984 COLONEL SCOTT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: \_\_\_\_\_ Date: 1-26-06 Daytime Phone # \_\_\_\_\_

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