

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000060204

1. Entity Name
CGJ PARTNERS, LLC



Principal Place of Business
**9141 PENELOPE DRIVE
WEEKI WACHEE, FL 34613 US**

Mailing Address
**9141 PENELOPE DRIVE
WEEKI WACHEE, FL 34613 US**



04142007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JAMES BARROW PLLC
471 MARINER BLVD.
SPRING HILL, FL 34609**

**DO NOT WRITE
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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VUOLO, GILBERT C 8427 CHARLESTON DRIVE WEEKI WACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALUT, CHARLES I 9141 PENELOPE DRIVE WEEKI WACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTIE, JOSEPH G 848 POST ROAD FRANKLIN, NY 13775
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**

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04/27/07-80004-025 50.00

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

Date

Daytime Phone #

Charles I. Balut **CHARLES I. BALUT** 4/14/07 352-596-6109