

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90018 003 \*\*\*\*50.00

|   |   |                                 |  |  |  |
|---|---|---------------------------------|--|--|--|
| <b>DOCUMENT # L05000064267</b>  |   |                                 |  |  |  |
| <b>1. Entity Name</b><br>CBRJ, LLC  |   |                                 |  |  |  |
| <b>Principal Place of Business</b><br>1312 LORI DRIVE<br>SPRING HILL, FL 34606 US   |   |                                 | <b>Mailing Address</b><br>1312 LORI DRIVE<br>SPRING HILL, FL 34606 US  |  |  |
| <b>2. Principal Place of Business</b>   |   |                                 | <b>3. Mailing Address</b>  |  |  |
| Suite, Apt. #, etc.   |   |                                 | Suite, Apt. #, etc.  |  |  |
| <b>City &amp; State</b>   |   |                                 | <b>City &amp; State</b>  |  |  |
| <b>Zip</b>  |   | <b>Country</b>                  |  | <b>Zip</b>   |  |
| <b>Country</b>  |   | <b>Country</b>                  |  | <b>4. Filing Number</b><br>20-2069283                                |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   |                                 |  | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>NUNAG, JOEL M<br>1312 LORI DRIVE<br>SPRING HILL, FL 34606   |   |                                 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> <span style="float: right;"><b>Zip Code</b></span> |  |  |
| <b>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.</b>  |   |                                 |  |  |  |
| <b>SIGNATURE</b> _____ <small>(NOTE: Registered Agent signature required when re-stating)</small> <span style="float: right;"><b>DATE</b></span>  |   |                                 |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |   |                                 | <b>Make check payable to<br/>Florida Department of State</b>   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |                                 | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | MGRM<br>NUNAG, CLEMENTE P<br>1312 LORI DRIVE<br>SPRING HILL, FL 34606 | <input type="checkbox"/> Delete |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | MGRM<br>NUNAG, BEATRIZ M<br>1312 LORI DRIVE<br>SPRING HILL, FL 34606  | <input type="checkbox"/> Delete |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | MGRM<br>NUNAG, RANDOLPH M<br>1312 LORI DRIVE<br>SPRING HILL, FL 34606 | <input type="checkbox"/> Delete |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | MGRM<br>NUNAG, JOEL M<br>1312 LORI DRIVE<br>SPRING HILL, FL 34606     | <input type="checkbox"/> Delete |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete |  |  |  |
| <b>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.</b> |   |                                 |  |  |  |
| <b>SIGNATURE:</b> <u>CLEMENTE P. NUNAG</u>  |   |                                 |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |                                 |  |  |  |
| Date <u>5/11/06</u> Daytime Phone # <u>2057-6837</u>  |   |                                 |  |  |  |