APR-27-06 10:16 PM

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90027 046 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000071721

1. Entity Name
CEMJAT, LLC

20038655

01252006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
480 SW MAIN BLVD LAKE CITY, FL 32025	PO BOX 1762 LAKE CITY, FL 32056-1762
2. Principal Place of Business: 480 SW MAIN BL	3. Mailing Address: PO BOX 1762
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: LAKE CITY FL.	City & State: LAKE CITY FLORIDA
Zip: 32025 Country: COLUMBIA	Zip: 32056 Country: COLUMBIA

4. FEI Number: APPLIED FOR — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BRADEN, LISA
4823 FOREST HILL BLVD., SUITE 111
WEST PALM BEACH, FL 33341-5

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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) 04/27/06
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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROTT, J. ANTHONY 480 SW MAIN BLVD. LAKE CITY, FL 32025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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) 04/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #