



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90195 012 \*\*\*\*50.00

<b>DOCUMENT # L05000072007</b> 1. Entity Name <b>NXJ, LLC</b>					
Principal Place of Business <b>2011 NE 27TH AVENUE 2352 NE 18th Terr.</b> <b>GAINESVILLE, FL 32609</b>				Mailing Address <b>PO BOX 5425</b> <b>GAINESVILLE, FL 32627</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.		 01292007 Chg-LLC CR2E083 (12/06) 4. FEI Number <b>68-0611204</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
City & State		City & State			
Zip Country		Zip Country			
6. Name and Address of Current Registered Agent <b>NEWMANS, ED</b> <b>2011 NE 27TH AVENUE 2352 NE 18th Terr.</b> <b>GAINESVILLE, FL 32609</b>		7. Name and Address of New Registered Agent Name <b>Ed Newmans (SAME)</b> Street Address (P.O. Box Number is Not Acceptable) <b>2352 NE 18th Terr.</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32609</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. SIGNATURE <u><i>Ed Newmans</i></u> DATE <u>1-29-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>NEWMANS, ED</b> <b>PO BOX 5425</b> <b>GAINESVILLE, FL 32627</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>XYNIDIS, JOHN</b> <b>109 EXECUTIVE CIRCLE</b> <b>DAYTONA BEACH, FL 32118</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>JOHNSON, DOUGLAS D JR.</b> <b>P.O. BOX 362</b> <b>MELROSE, FL 32666</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u><i>Ed Newmans</i></u>		<u>1-29-07</u>		<u>352-375-8555</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	