2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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Secretary of State
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DOCUMENT # L05000076045 UZ-U4-ZUU8 9U1*3*9 UU4 1*3*8.73 1. Entity Name CJMLLC 60005973 Principal Place of Business Mailing Address 22585 LEMON TREE LANE 22585 LEMON TREE LANE BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3269105 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANZELLA, VINCENT 22585 LEMON TREE LANE Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33428 City 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, typed or printed name of registered agent and bite if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete DILE ☐ Change ☐ Addition MANZELLA, DONNA NAME NAME 22585 LEMON TREE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33428 Addition MGR ☐ Delete TITLE ☐ Change TITLE MANZELLA, VINCENT NAME NAME 22585 LEMON TREE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAM+ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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. limited liability company or the

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #