2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# L05000079017

Entity Name: FRJJ TEAM, LLC

Current Principal Place of Business:

PO BOX 825621
SOUTH FLORIDA, FL 33082 US

New Principal Place of Business:

934 N UNIVERSITY DR
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

PO BOX 825621
SOUTH FLORIDA, FL 33082 US

New Mailing Address:

FEI Number: 20-3285553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLETCHER, JASON
934 N UNIVERSITY DR
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	FLETCHER, JASON	
Address:	PO BOX 825621	
City-St-Zip:	SOUTH FLORIDA, FL 33082 US	
Title:	MGRM	( ) Delete
Name:	FLETCHER, FRANKLIN	
Address:	PO 825621	
City-St-Zip:	SOUTH FLORIDA, FL 33082	
Title:	MGRM	( ) Delete
Name:	FLETCHER, RENEE	
Address:	PO BOX 825621	
City-St-Zip:	SOUTH FLORIDA, FL 33082	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANKLIN FLETCHER MGRM 04/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date