


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90018 029 \*\*\*\*60.00

<b>DOCUMENT # L05000080231</b> 1. Entity Name <b>CLJ, LLC</b>					
Principal Place of Business <b>3525 HENDRICKS AVENUE JACKSONVILLE, FL 32207</b> <b>3625 Hendricks Ave.</b>			Mailing Address <b>3525 HENDRICKS AVENUE JACKSONVILLE, FL 32207</b> <b>3625 Hendricks Ave.</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>JACKSONVILLE, FL</b> City & State <b>32207</b> Zip		3. Mailing Address Suite, Apt. #, etc. <b>JACKSONVILLE, FL</b> City & State <b>32207</b> Zip		4. FEI Number <b>20-3308152</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		03292006 Chg-LLC CR2E083 (11/05)			
6. Name and Address of Current Registered Agent  <b>JONES, CATHERINE L 3525 HENDRICKS AVENUE JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</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>Owner / PRESIDENT CATHERINE L. JONES 1334 PINETREE RD. JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Catherine L. Jones</u> <u>4/10/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

**30009032**

