2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000080589

1. Entity Name
T & J, L.L.C.

Principal Place of Business	Mailing Address
42607 GARFIELD ROAD CLINTON TOWNSHIP, MI 38038	42607 GARFIELD ROAD CLINTON TOWNSHIP, MI 38038

01152007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3461949
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, DAVE
524 SPINNAKER LANE
LONGBOAT KEY, FL 34228

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000622707
02/13/07-80036-019 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BRUNER, JEFFREY M TRUSTEE
STREET ADDRESS	42607 GARFIELD ROAD
CITY-ST-ZIP	CLINTON TOWNSHIP, MI 38038
TITLE	MGRM
NAME	BENTLEY, THOMAS
STREET ADDRESS	19701 AVALON
CITY-ST-ZIP	ST. CLAIRE SHORES, MI 48080
TITLE	MGRM
NAME	BRUNER, ANDREA B TRUSTEE
STREET ADDRESS	42607 GARFIELD ROAD
CITY-ST-ZIP	CLINTON TOWNSHIP, MI 38038
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X _____ 2/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #