

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092073

Entity Name: C & J PROPERTIES, LLC

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

117 WEST ADAMS STREET  
SUITE 600  
JACKSONVILLE, FL 32202

## Current Mailing Address:

117 WEST ADAMS STREET  
SUITE 600  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

118 WEST ADAMS STREET  
SUITE 600  
JACKSONVILLE, FL 32202

## New Mailing Address:

118 WEST ADAMS STREET  
SUITE 600  
JACKSONVILLE, FL 32202

FEI Number: 20-3485219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHULTZ, JOHN R  
118 WEST ADAMS STREET  
SUITE 600  
JACKSONVILLE, FL 32202 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: MGR ( ) Delete  
Name: SCHULTZ, JOHN R  
Address: 118 WEST ADAMS  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR ( ) Delete  
Name: TURNER, CHARLES JR.  
Address: 118 WEST ADAMS STREET  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES:

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 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: JOHN R. SCHULTZ

MGR

04/27/2006

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