2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000103934

1. Entity Name
B&J OFFICE SUITES, LLC

Principal Place of Business	Mailing Address
6215 WILSON BLVD. JACKSONVILLE, FL 32210	P.O. BOX 7779 JACKSONVILLE, FL 32238

DO NOT WRITE IN THIS SPACE

04182007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-3684152	Not Applicable

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

6. Name and Address of Current Registered Agent

STONEBURNER BERRY & SIMMONS, P.A.
841 PRUDENTIAL DRIVE, SUITE 1400
JACKSONVILLE, FL 32207

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

Filing Fee Is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TOWERS, WILLIAM B JR.
STREET ADDRESS	6215 WILSON BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	MGRM
NAME	TOWERS, JOHN B
STREET ADDRESS	6215 WILSON BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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05/18/07-80102-011 50.00

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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: _William B. Towers Jr. 4-25-07_   _904-778-1888_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #