2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L05000106347

Entity Name: CJN, LLC

Current Principal Place of Business:

2352 NE 18TH TERRACE
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5425
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 04-3831733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMANS, ED
2352 NE 18TH TERRACE
GAINESVILLE, FL 32609 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:	NEWMANS, ED	
Address:	P.O. BOX 5425	
City-St-Zip:	GAINESVILLE, FL 32602	
Title:	MGMR	( ) Delete
Name:	JOHNSON, DOUG JR.	
Address:	P.O. BOX 362	
City-St-Zip:	MELROSE, FL 32666	
Title:	MGRM	( ) Delete
Name:	CADE, STEVEN	
Address:	531 NW 54TH TERRACE	
City-St-Zip:	GAINESVILLE, FL 32607	

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: ED NEWMANS MGRM 03/20/2009

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