

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000106347

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**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  
**Name:** NEWMANS, ED  
**Address:** P.O. BOX 5425  
**City-St-Zip:** GAINESVILLE, FL 32602

**Title:** MGMR  
**Name:** JOHNSON, DOUG JR.  
**Address:** P.O. BOX 362  
**City-St-Zip:** MELROSE, FL 32666

**Title:** MGRM  
**Name:** CADE, STEVEN  
**Address:** 531 NW 54TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32607

I hereby 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

MGR

02/18/2011

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