2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 21, 2008
Secretary of State

DOCUMENT# L05000115822

Entity Name: CMJ ASSOCIATES, LLC

Current Principal Place of Business:

5712 FERRARA DRIVE
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

5712 FERRARA DRIVE
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 20-3931120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENSCH, CARL O
5712 FERRARA DRIVE
SARASOTA, FL 34238 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: DENSCH, CARL O
Address: 5712 FERRARA DRIVE
City-St-Zip: SARASOTA, FL 34238

Title: MGRM (X) Delete
Name: DENSCH, MARY
Address: 5712 FERRARA DRIVE
City-St-Zip: SARASOTA, FL 34238

Title: MGRM (X) Delete
Name: DENSCH, JENNIFER
Address: 1602 NAPOLI DR W
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TRAUMEN, INC.,
Address: 5712 FERRARA DRIVE
City-St-Zip: SARASOTA, FL 34238

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: CARL O DENSCH, PRESIDENT OF TRAUMEN, INC. MGR 08/21/2008

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