


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # L06000003101 1. Entity Name NCJM, LLC	
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Principal Place of Business 1109 HUMMINGBIRD LN. BRANDON, FL 33511	Mailing Address 1109 HUMMINGBIRD LN. BRANDON, FL 33511
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DO NOT WRITE IN THIS SPACE



02072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4090833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, RANDELL M
315 S. HYDE PARK AVE.
TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSCIGLO, NORMAN 1109 HUMMINGBIRD LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUSCIGLIO, NORMAN 1109 HUMMINGBIRD LANE BRANDON, FL 33511
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02/20/08-80031-020 138.75

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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: *Norm Busciglo* 2/7/08 F13-153-0495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #