

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014173

Entity Name: CCJ REALTY, LLC

FILED  
Feb 06, 2007  
Secretary of State

**Current Principal Place of Business:**

10015 CANOPY TREE COURT  
ORLANDO, FL 32836 US

**New Principal Place of Business:**

**Current Mailing Address:**

10015 CANOPY TREE COURT  
ORLANDO, FL 32836 US

**New Mailing Address:**

FEI Number: 06-1801583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

D'ORSO, JOSEPH  
10015 CANOPY TREE COURT  
ORLANDO, FL 32836 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: MIHALIK, CHARLES  
Address: 83 DEAD TREE RUN ROAD  
City-St-Zip: BELLE MEAD, NJ 08502 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: D'ORSO, JOSEPH  
Address: 10015 CANOPY TREE COURT  
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM ( ) Change (X) Addition  
Name: D'ORSO, CHRISTOPHER  
Address: 9660 CASTLE WAY DRIVE  
City-St-Zip: WINDERMERE, FL 34786 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH D'ORSO

MGRM

02/06/2007

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