

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014173

Entity Name: CCJ REALTY, LLC

FILED
Jan 22, 2009
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: MGRM () Delete
Name: D'ORSO, JOSEPH
Address: 10015 CANOPY TREE COURT
City-St-Zip: ORLANDO, FL 32836 US

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

ADDITIONS/CHANGES:

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

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

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: JOSEPH D'ORSO

RA

01/22/2009

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