

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031719

Entity Name: NJ INVESTMENT PLUS, LLC

FILED
Aug 01, 2007
Secretary of State

Current Principal Place of Business:

9637 CAMPI DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22564
FORT LAUDERDALE, FL 33335

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOSEPH, NIXON
9637 CAMPI DRIVE
LAKE WORTH, FL 33467 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: MGR () Delete
Name: JOSEPH, NIXON
Address: P.O. BOX 22564
City-St-Zip: FORT LAUDERDALE, FL 33335

Title: MGRM () Delete
Name: JOSEPH, ASTRIDE R
Address: P.O. BOX 22564
City-St-Zip: FORT LAUDERDALE, FL 33335

ADDITIONS/CHANGES:

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: NIXON JOSEPH

MGRM

08/01/2007

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