

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000031719

1. Entity Name
NJ INVESTMENT PLUS, LLC



Principal Place of Business
9637 CAMPI DRIVE
LAKE WORTH, FL 33467

Mailing Address
P.O. BOX 22564
FORT LAUDERDALE, FL 33335

FILED
Sep 23, 2008 08:00 AM
Secretary of State



09152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

JOSEPH, NIXON
9637 CAMPI DRIVE
LAKE WORTH, FL 33467

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/08

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOSEPH, NIXON
STREET ADDRESS	P.O. BOX 22564
CITY-ST-ZIP	FORT LAUDERDALE, FL 33335
TITLE	MGRM
NAME	JOSEPH, ASTRIDE R
STREET ADDRESS	P.O. BOX 22564
CITY-ST-ZIP	FORT LAUDERDALE, FL 33335
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000959964
09/23/08-80002-012 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9/12/08

Date

954-540-6980

Daytime Phone #