


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90021 012 *****50.00

DOCUMENT # L06000037679	
1. Entity Name HJJ HOLDINGS, LLC	

Principal Place of Business 230 ALLAN LANE MELBOURNE BEACH FL 32951	Mailing Address 230 ALLAN LANE MELBOURNE BEACH FL 32951
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2. Principal Place of Business - No P.O. Box # 131 Tomahawk Dr	3. Mailing Address same
Suite, Apt. #, etc. unit 15 A	Suite, Apt. #, etc. same
City & State Indian Harbour Beach, FL	City & State same
Zip 32937	Country Brevard
Zip same	Country same

2nd MOORE CR2E083 (4/07)

6. Name and Address of Current Registered Agent LEWIS, PETER 230 ALLAN LANE MELBOURNE BEACH FL 32951	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Peter Lewis	(NOTE: Registered Agent signature required when reinstating)	DATE 7/19/07

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By September 5, 2007	

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR JOSLIN, HUNTER J P.O. BOX 510415 MELBOURNE BEACH FL 32951-0415	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: Peter Lewis	7/19/07	321-777-6021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #