


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90171 005 ***138.75

DOCUMENT # L06000037679	
1. Entity Name HJJ HOLDINGS, LLC	

Principal Place of Business 131 TOMAHAWK DR UNIT 15 A SATELLITE BEACH, FL 32937	Mailing Address 230 ALLAN LANE MELBOURNE BEACH, FL 32951
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2. Principal Place of Business - No P.O. Box # <u>131 TOMAHAWK DR</u>	3. Mailing Address <u>131 TOMAHAWK DRIVE</u>
Suite, Apt. #, etc. <u>UNIT 15A</u>	Suite, Apt. #, etc. <u>UNIT 15A</u>
City & State <u>INDIAN HARBOR BEACH, FL</u>	City & State <u>INDIAN HARBOR BEACH, FL</u>
Zip <u>32937</u>	Zip <u>32937</u>
Country <u>FLORIDA</u>	Country <u>FLORIDA</u>



03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number <u>14-1958154</u>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent LEWIS, PETER 230 ALLAN LANE MELBOURNE BEACH, FL 32951		
7. Name and Address of New Registered Agent Name <u>Brenda Pope</u> Street Address (P.O. Box Number is Not Acceptable) <u>131 TOMAHAWK DRIVE</u> <u>UNIT 15A</u> City <u>INDIAN HARBOR BEACH FL</u> Zip Code <u>32937</u>		

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 Brenda L. Pope (NOTE: Registered Agent signature required when reinstating) DATE 3/25/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSLIN, HUNTER J P.O. BOX 510415 MELBOURNE BEACH, FL 329510415 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Hunter J. Joslin DATE 3/25/08 321-777-6021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #