

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90084 001 ****50.00

DOCUMENT # L06000043003 1. Entity Name N3J LLC			
Principal Place of Business 204 LOMBARDY LOOP JACKSONVILLE, FL 32259		Mailing Address 204 LOMBARDY LOOP JACKSONVILLE, FL 32259	
2. Principal Place of Business - No P.O. Box # 204 S. Lombardy Loop		3. Mailing Address 204 S. Lombardy Loop	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State St. Johns, FL		City & State St. Johns, FL	
Zip 32259		Zip 32259	
Country USA		Country USA	
4. FEI Number 74-3170821		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 COPELAND, DANIEL M 9310 OLD KINGS ROAD SOUTH 1501 JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BLOEDOW, JAMES J JR. <input type="checkbox"/> Delete 511 A1A NORTH PONTE VEDRA, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAXWELL-BLOEDOW, JAMIE L <input type="checkbox"/> Delete 511 A1A NORTH PONTE VEDRA, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SINGLETON, NEILL M <input type="checkbox"/> Delete 205 SOUTH LOMBARDY LOOP JACKSONVILLE, FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SINGLETON, JANE G <input type="checkbox"/> Delete 205 SOUTH LOMBARDY LOOP JACKSONVILLE, FL 32259	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
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
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: <u>Neill Singleton</u> <u>Neill Singleton</u>		8.30.07 904-318-0440 <small>Date Daytime Phone #</small>	