2007 LIMITED LIABILITY C[illegible]NY ANNUAL REPORT (A[illegible]

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

05-11-2007 90193 001 ****50.00

DOCUMENT # L06000060798

1. Entity Name

LSJ HOLDINGS LLC

Principal Place of Business	Mailing Address
~~401 ST FRANCIS ST~~ TALLAHASSEE FL 32301 US	401 ST FRANCIS ST TALLAHASSEE FL 32301 US
2. Principal Place of Business - No P.O. Box # 545 E. Tennessee St.	3. Mailing Address 545 E. Tennessee St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32308 Country: USA	Zip: 32308 Country: USA

1st MOORE CR2E083 (10/06)

4. FEI Number: 20-5041236 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, JOHN I
401 ST FRANCIS ST
TALLAHASSEE FL 32301

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 ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRISON, JOHN I 401 ST FRANCIS ST TALLAHASSEE FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 2-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #