

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074822

FILED
Apr 30, 2007
Secretary of State

Entity Name: BJAK, LLC

Current Principal Place of Business:

3400 ROSE MALLOW LOOP
OVIEDO, FL 32766

New Principal Place of Business:

Current Mailing Address:

3400 ROSE MALLOW LOOP
OVIEDO, FL 32766

New Mailing Address:

FEI Number: 20-5361510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, JACK
2731 SILVER STAR RD.
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRABSKY, ALEX
Address: 3400 ROSE MALLOW LOOP
City-St-Zip: OVIEDO, FL 32766

Title: MGRM () Delete
Name: COLLIER, BLAKE
Address: 1746 MAJESTIC OAK DR
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: GRABSKY, KELSEY
Address: 3400 ROSE MALLOW LOOP
City-St-Zip: OVIEDO, FL 32766

Title: MGRM () Delete
Name: COLLIER, JULIE
Address: 1746 MAJESTIC OAK DR.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEX GRABSKY

MR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date