## **2007 LIMITED LIABILITY COMPANY**

## Mar 13, 2007 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L06000085495** 03-13-2007 90121 019 \*\*\*\*50.00 1. Entity Name LJC-V & ASSOCIATES, LLC Principal Place of Business Mailing Address 2858 BUCCANEER DRIVE **2858 BUCCANEER DRIVE** WINTER PARK, FL 32792 WINTER PARK, FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-5457911 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VINING, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 2858 BUCCANEER DRIVE WINTER PARK, FL 32792 City 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR 🎉 TITLE TITLE ☐ Delete ☐ Change Addition VINING, MARK J NAME NAME 2858 BUCCĂNEER DRIVE STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32792 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP ☐ Defete MLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTIY-ST-ZIP Delete ■ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

3/7/07

407-657-6415

**FILED**