


**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90151 021 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L06000094272</b>			
1. Entity Name <b>FJM TRUST, LLC</b>			
Principal Place of Business <b>2545 FLOWERING DOGWOOD DRIVE ORLANDO, FL 32828</b>		Mailing Address <b>2545 FLOWERING DOGWOOD DRIVE ORLANDO, FL 32828</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03022007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>71-1018441</b>		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			
MURRAY, FRANCIS J III 2545 FLOWERING DOGWOOD DRIVE ORLANDO, FL 32828			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> 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	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MEMBER
STREET ADDRESS		STREET ADDRESS	FRANCIS J. MURRAY III, TRUSTEE
CITY- ST- ZIP		CITY- ST- ZIP	2545 FLOWERING DOGWOOD DR. ORLANDO FL 32828
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MEMBER
STREET ADDRESS		STREET ADDRESS	JUDITH C. MURRAY, TRUSTEE
CITY- ST- ZIP		CITY- ST- ZIP	2545 FLOWERING DOGWOOD DR. ORLANDO, FL 32828
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: FRANCIS MURRAY III		Date: 3-12-07 407306-725	
SIGNATURE AND TYPED OR PRINTED NAME OF SEEDING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	