


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

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

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

3)

30005066

<b>DOCUMENT # L06000094272</b>					
1. Entity Name FJM TRUST, LLC					
Principal Place of Business 2545 FLOWERING DOGWOOD DRIVE ORLANDO, FL 32828			Mailing Address 2545 FLOWERING DOGWOOD DRIVE ORLANDO, FL 32828		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		03022007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 71-1018441				Applied For 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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reappointing) _____ 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 FRANCIS J. MURRAY III, TRUSTEE		
STREET ADDRESS		STREET ADDRESS	2545 FLOWERING DOGWOOD DR.		
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO FL 32828		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	MEMBER JUDITH C. MURRAY, TRUSTEE		
STREET ADDRESS		STREET ADDRESS	2545 FLOWERING DOGWOOD DR.		
CITY-ST-ZIP		CITY-ST-ZIP	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 <i>Francis Murray III</i>			Date: 3-12-07 407306-7765		
SIGNATURE AND TYPED OR PRINTED NAME OF SENDER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		