


**608.LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2008 08:00 A
Secretary of State

DOCUMENT # L06000094272	
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
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DO NOT WRITE IN THIS SPACE



03262008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 71-1018441	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, FRANCIS J III
2545 FLOWERING DOGWOOD DRIVE
ORLANDO, FL 32828

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MURRAY, FRANCIS J III 2545 FLOWERING DOGWOOD DR. ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MURRAY, JUDITH C 2545 FLOWERING DOGWOOD DR. ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/18/08-80076-016 143.75

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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 J. MURRAY III *Francis J. Murray III* 4-2-08 4073067765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #