

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119888

Entity Name: J & J BULKHEADS L.L.C.

FILED
Mar 29, 2007
Secretary of State

Current Principal Place of Business:

195 ARTHUR MOORE DRIVE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

195 ARTHUR MOORE DRIVE
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 56-2626338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUJOLD, JAMES C
195 ARTHUR MOORE DRIVE
GREEN COVE SPRINGS, FL 32043 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: MARTIN, KAREN
Address: 195 ARTHUR MOORE DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM () Delete
Name: BLACKBURN, JAY
Address: 195 ARTHUR MOORE DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM () Delete
Name: BUJOLD, JAMES C
Address: 195 ARTHUR MOORE DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES C. BUJOLD

MGRM

03/29/2007

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