


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90023 009 ***138.75

| | |
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| DOCUMENT # L07000007294 |  |
| 1. Entity Name FOUR J REAL ESTATE HOLDINGS, LLC | |

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| Principal Place of Business 1201 ROMANO KEY CIRCLE PUNTA GORDA, FL 33955 | Mailing Address 1201 ROMANO KEY CIRCLE PUNTA GORDA, FL 33955 |
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60036918

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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address c/o JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906 |
|---|---|



03252008 Chg-LLC CR2E083 (12/06)

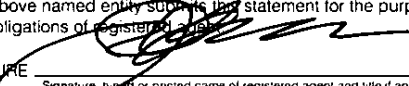
| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD SUITE 101 FORT MYERS, FL 33907 | |
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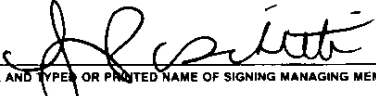
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| 7. Name and Address of New Registered Agent Name JOHN M. WICKER, P.A. Street 12670 NEW BRITTANY BLVD., STE 101 City FORT MYERS, FL 33907 Zip Code | |
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| 8. The above named entity submits this statement 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  | DATE |

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|---|--|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PASCHITTI, JOSEPH J 1201 ROMANO KEY CIRCLE PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PASCHITTI, JOYCE 1201 ROMANO KEY CIRCLE PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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|---|--|------|-----------------|
| SIGNATURE:  | SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone # |
|---|--|------|-----------------|