

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90116 037 \*\*\*143.75

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<b>DOCUMENT # L07000029115</b> 1. Entity Name <b>LJMRC LLC</b>					
Principal Place of Business <b>109 LANSING ISLAND DRIVE INDIAN HARBOUR BEACH, FL 32937 US</b>			Mailing Address <b>109 LANSING ISLAND DRIVE INDIAN HARBOUR BEACH, FL 32937 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03232008    Chg-LLC    CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>77-0684150</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CIACCIA, LAWRENCE J JR. 109 LANSING ISLAND DRIVE INDIAN HARBOUR BEACH, FL 32937</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CIACCIA, LAWRENCE J JR. 109 LANSING ISLAND DRIVE INDIAN HARBOUR BEACH, FL 32937</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CIACCIA, MARCIA R 109 LANSING ISLAND DRIVE INDIAN HARBOUR BEACH, FL 32937</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b> </div> <div style="width: 60%;"> <b>Lawrence J. Ciaccia</b>  <div style="display: flex; justify-content: space-between;"> <span><b>3/24/08</b></span> <span><b>321 917-4010</b></span> </div> </div> </div>					