

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034745

Entity Name: GMJ HOLDINGS, LLC

FILED  
Sep 25, 2008  
Secretary of State

**Current Principal Place of Business:**

4424 SOUTH MILITARY TRAIL  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

4424 SOUTH MILITARY TRAIL  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 20-8919363      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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: ROBBINS, JEFFREY T  
Address: 5420 NORTH OCEAN DRIVE, #705  
City-St-Zip: SINGER ISLAND, FL 33404

Title: MGRM ( ) Delete  
Name: SCHUTTE, LYDIA MARIE T  
Address: 182 MENDHAM ROAD EAST  
City-St-Zip: MENDHAM, NJ 07945

**ADDITIONS/CHANGES:**

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 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: GREGORY SCHUTTE

MBR

09/25/2008

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