

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061661

FILED
Apr 30, 2008
Secretary of State

Entity Name: CJ LLC

Current Principal Place of Business:

2001 N OCEAN BLVD #10065
FT LAUDERDALE, FL 33305

New Principal Place of Business:

2001 N OCEAN BLVD #1006
FT LAUDERDALE, FL 33305

Current Mailing Address:

2001 N OCEAN BLVD #10065
FT LAUDERDALE, FL 33305

New Mailing Address:

2001 N OCEAN BLVD #1006
FT LAUDERDALE, FL 33305

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULTZ, CHARLES
2001 N OCEAN BLVD #10065
FT LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

FULTZ, CHARLES
2001 N OCEAN BLVD #1006
FT LAUDERDALE, FL 33305 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FULTZ, CHARLES
Address: 2001 N OCEAN BLVD #10065
City-St-Zip: FT LAUDERDALE, FL 33305

Title: MGRM () Delete
Name: FULTZ, JENNIFER
Address: 2001 N OCEAN BLVD #10065
City-St-Zip: FT LAUDERDALE, FL 33305

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FULTZ, CHARLES
Address: 2001 N OCEAN BLVD #1006
City-St-Zip: FT LAUDERDALE, FL 33305

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: CHARLES FULTZ

MR

04/30/2008

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