## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065977

Entity Name: CPJ CAPITAL GROUP, LLC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

112 GROVE HOLLOW COURT SANFORD, FL 32773

Current Mailing Address: New Mailing Address:

112 GROVE HOLLOW COURT SANFORD, FL 32773

FEI Number: 26-0467170 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PROFESSIONAL ACCOUNTANT & CONSULTANTS, INC 2471 E. SEMORAN BLVD

2471 E. SEMORAN BLVD APOPKA, FL 32703 US TAX CARE INC 2471 E. SEMORAN BLVD APOPKA, FL 32703 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: TAX CARE INC 04/20/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 LENZI, NORA S
 Name:
 LENZI, NORA S

 Address:
 112 GROVE HOLLW COURT
 Address:
 112 GROVE HOLLOW COURT

 City-St-Zip:
 SANFORD, FL 32773
 City-St-Zip:
 SANFORD, FL 32773

Title: MGRM ( ) Delete Title: VP (X) Change ( ) Addition

Name:JACKSON, JANINNAName:JACKSON, JANINNAAddress:112 GROVE HOLLOW COURTAddress:2510 E. JULIET DRCity-St-Zip:SANFORD, FL 32773City-St-Zip:SANFORD, FL 32738

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: NORA LENZI P 04/20/2009