


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 26, 2008 8:00 am
Secretary of State

08-26-2008 90015 004 ***138.75

DOCUMENT # L07000067571	
1. Entity Name FJ'S EMPORIUM "LLC"	

Principal Place of Business 3780 NW 24TH BOULEVARD SUITE D GAINESVILLE FL 32605 US	Mailing Address 2417 NW 47TH LANE GAINESVILLE FL 32605 US
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2. Principal Place of Business - No P.O. Box # 3780 NW 24TH Boulevard	3. Mailing Address 3780 NW 24TH Blvd.
Suite, Apt. #, etc. FLORIDA D.	Suite, Apt. #, etc. D
City & State GAINESVILLE, FLA	City & State GAINESVILLE, FLA
Zip 32605	Country ALACHUA

2nd MOORE CR2E083 (4/08)

4. FEI Number 38-3769105		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent JACKSON, FRANCIS D 2417 NW 47TH LANE GAINESVILLE FL 32605		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 *Francis D. Jackson* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACKSON, FRANCIS D 2417 NW 47TH LANE GAINESVILLE FL 32605 <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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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.

SIGNATURE *Francis D. Jackson* *Aug 20, 2008*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #