

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90073 025 \*\*\*138.75

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03312008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000067838</b> 1. Entity Name <b>FBJM INVESTMENTS, LLC</b>					
Principal Place of Business <b>3696 NORTH FEDERAL HIGHWAY, SUITE 203 FORT LAUDERDALE, FL 33308</b>			Mailing Address <b>3696 NORTH FEDERAL HIGHWAY, SUITE 203 FORT LAUDERDALE, FL 33308</b>		
2. Principal Place of Business - No P.O. Box # <b>1400 E. Oakland Park Blvd.</b> Suite, Apt. #, etc. <b>Suite 103</b>		3. Mailing Address <b>1400 E. Oakland Park Blvd.</b> Suite, Apt. #, etc. <b>Suite 103</b>			
City & State <b>Fort Lauderdale, FL</b> Zip <b>33334</b>		City & State <b>Fort Lauderdale, FL</b> Zip <b>33334</b>		4. FEI Number <b>26-1243197</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PIOTKOWSKI, JOEL S ESQ. 317-71ST STREET MIAMI BEACH, FL 33141</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;"><b>FL</b> Zip Code</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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARKOFKY, FERN 3696 NORTH FEDERAL HIGHWAY, SUITE 203 FORT LAUDERDALE, FL 33308</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARKOFKY, MATTHEW 1400 E. Oakland Park Blvd., Suite 103 Fort Lauderdale, FL 33334</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARKOFKY, JARROD 1400 E. Oakland Park Blvd., Suite 103 Fort Lauderdale, FL 33334</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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"/> Change <input type="checkbox"/> Addition	
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: <u>Matthew Markofsky</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<div style="display: flex; justify-content: space-between;"> <span><u>3/31/08</u> <small>Date</small></span> <span><u>954-567-5161</u> <small>Daytime Phone #</small></span> </div>		

Matthew Markofsky, managing member