

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068820

FILED  
Feb 07, 2009  
Secretary of State

Entity Name: JTNJ VENTURES, LLC

**Current Principal Place of Business:**

2402 SW ABERDEEN ST  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

44 SE SEDONA CIRCLE  
UNIT # 103  
STUART, FL 34994

**Current Mailing Address:**

2402 SW ABERDEEN ST  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

44 SE SEDONA CIRCLE  
UNIT # 103  
STUART, FL 34994

FEI Number: 26-0453672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SUTCLIFFE, JAMES H  
2402 SW ABERDEEN ST  
PORT SAINT LUCIE, FL 34953 US

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

SUTCLIFFE, JAMES H  
44 SE SEDONA CIRCLE  
UNIT # 103  
STUART, FL 34994 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:

02/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SUTCLIFFE, JAMES H  
Address: 2402 SW ABERDEEN ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: MGRM ( ) Delete  
Name: SUTCLIFFE, TAMARA  
Address: 2402 SW ABERDEEN ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SUTCLIFFE, JAMES H  
Address: 44 SE SEDONA CIRCLE # 103  
City-St-Zip: STUART, FL 34994 US

Title: MGRM (X) Change ( ) Addition  
Name: PETERSON, DANIELLE  
Address: 44 SE SEDONA CIRCLE # 103  
City-St-Zip: STUART, FL 34994 US

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: JAMES SUTCLIFFE

MGRM

02/07/2009

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