

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087719

Entity Name: VJ MANAGEMENT GROUP, LLC

FILED  
Apr 21, 2008  
Secretary of State

**Current Principal Place of Business:**

9140 GOLFSIDE DRIVE STE 13S  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

9140 GOLFSIDE DRIVE STE 13S  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

FEI Number: 26-0796282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, MISSY  
9140 GOLFSIDE DRIVE STE 13S  
JACKSONVILLE, FL 32256 US

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

VOCKELL, JULIE H  
9140 GOLFSIDE DRIVE STE 13S  
JACKSONVILLE, FL 32256 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: JULIE H. VOCKELL

04/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JONES, MISSY  
Address: 9140 GOLFSIDE DRIVE STE 13S  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM ( ) Delete  
Name: VOCKELL, JULIE H  
Address: 9140 GOLFSIDE DRIVE STE 13S  
City-St-Zip: JACKSONVILLE, FL 32256 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JULIE H, VOCKELL

MGRM

04/21/2008

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