

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087719

FILED
Aug 14, 2009
Secretary of State

Entity Name: VJ MANAGEMENT GROUP, LLC

Current Principal Place of Business:

9140 GOLFSIDE DRIVE STE 13S
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

1269 CUNNINGHAM CREEK DR.
JACKSONVILLE, FL 32259 US

Current Mailing Address:

9140 GOLFSIDE DRIVE STE 13S
JACKSONVILLE, FL 32256 US

New Mailing Address:

PO BOX 600307
JACKSONVILLE, FL 32260 US

FEI Number: 26-0796282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

VOCKELL, JULIE H
1269 CUNNINGHAM CREEK DR.
JACKSONVILLE, FL 32259 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:

08/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VOCKELL, JULIE H
Address: 1269 CUNNINGHAM CREEK DR.
City-St-Zip: JACKSONVILLE, FL 32259 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: JULIE H. VOCKELL

OWNER

08/14/2009

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