

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088592

Entity Name: CNJ PROPERTIES, LLC

FILED
Jun 02, 2009
Secretary of State

Current Principal Place of Business:

307 SWAN COURT
SOMERVILLE, NJ 08876

New Principal Place of Business:

308 ANNA RUBY CT
GRIFFIN, GA 30223

Current Mailing Address:

307 SWAN COURT
SOMERVILLE, NJ 08876

New Mailing Address:

308 ANNA RUBY CT
GRIFFIN, GA 30223

FEI Number: 26-3389345 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:

THIERFELDER, ROBERT C
1113 SCHERER WAY
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THIERFELDER, ROBERT C
Address: 307 SWAN COURT
City-St-Zip: SOMERVILLE, NJ 08876

Title: MGR () Delete
Name: THIERFELDER, BARBARA A
Address: 307 SWAN COURT
City-St-Zip: SOMERVILLE, NJ 08876

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THIERFELDER, ROBERT C
Address: 308 ANNA RUBY CT
City-St-Zip: GRIFFIN, GA 30223

Title: MGR (X) Change () Addition
Name: THIERFELDER, BARBARA A
Address: 308 ANNA RUBY CT
City-St-Zip: GRIFFIN, GA 30223

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: ROBERT THIERFELDER

MGR

06/02/2009

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