

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90169 042 \*\*\*\*\*50.00

**DOCUMENT # L98000002023**

1. Entity Name

**CJM-TALLAHASSEE, L.L.C.**

Principal Place of Business

**1133 WEST LONG LAKE ROAD, SUITE 202  
BLOOMFIELD HILLS MI 48302**

Mailing Address

**1133 WEST LONG LAKE ROAD, SUITE 202  
BLOOMFIELD HILLS MI 48302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**58-2416988**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**EMO CORPORATE SERVICES, INC.  
100 NE 3RD AVENUE, SUITE 1100  
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>CJM-TALLAHASSEE, INC.</b>	
STREET ADDRESS	<b>1133 WEST LONG LAKE ROAD, SUITE 202</b>	
CITY-ST-ZIP	<b>BLOOMFIELD HILLS MI 48302</b>	

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, CHARLES J</b>	
STREET ADDRESS	<b>1133 W. LONG LAKE, SUITE 202</b>	
CITY-ST-ZIP	<b>BLOOMFIELD HILLS MI 48302</b>	

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, THOMAS J</b>	
STREET ADDRESS	<b>1133 W. LONG LAKE, SUITE 202</b>	
CITY-ST-ZIP	<b>BLOOMFIELD HILLS MI 48302</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)