
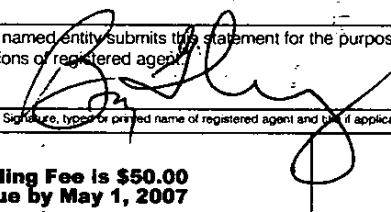
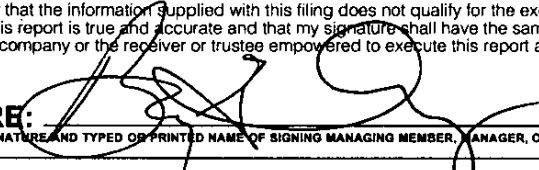


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90152 037 \*\*\*\*50.00

<b>DOCUMENT # L99000001303</b>			
1. Entity Name <b>B.R.J.M. DEVELOPMENT, LLC</b>			
Principal Place of Business <b>9625 WES KEARNEY WAY RIVERVIEW, FL 33569</b>		Mailing Address <b>9625 WES KEARNEY WAY RIVERVIEW, FL 33569</b>	
2. Principal Place of Business - No P.O. Box # <b>5115 Joanne Kearney Blvd.</b>		3. Mailing Address <b>5115 Joanne Kearney Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>	
Zip <b>33619</b>	Country <b>USA</b>	Zip <b>33619</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>SWOPE, DALE 777 S. HARBOUR ISLAND BLVD., SUITE 850 TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEARNEY, C.W. "BING" JR. 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5115 JOANNE KEARNEY BLVD. TAMPA, FL 33619</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEARNEY, BRYAN G 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5115 Joanne Kearney Blvd. Tampa, FL 33619</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILES, RICHARD 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5115 Joanne Kearney Blvd. Tampa, FL 33619</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARKHAM, DOUG 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5115 Joanne Kearney Blvd. Tampa, FL 33619</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOMRAK, JAMES 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5115 Joanne Kearney Blvd. Tampa, FL 33619</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

60004688



01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**59-3568211** Applied For  
☐ Not Applicable

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