

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002500

1. Entity Name
B.J. INVESTMENT, L.L.C.



Principal Place of Business 3501 NORTH ALCANIZ PENSACOLA, FL 32503	Mailing Address 3501 NORTH ALCANIZ PENSACOLA, FL 32503
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07132004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3567891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROZZELLE, JOHNNY
 3501 NORTH ALCANIZ
 PENSACOLA, FL 32503**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by September 8, 2004**

U00000168146
 07/26/04 080032 002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	M ROZZELLE, JOHNNY 3501 NORTH ALCANIZ PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M ROZZELLE, BETTY A 3501 NORTH ALCANIZ PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Betty Ann Rozzelle* **Betty Ann Rozzelle** 1-20-04 850-434-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #