2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000002500

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

Principal Place of Business	Mailing Address
3501 NORTH ALCANIZ PENSACOLA, FL 32503	3501 NORTH ALCANIZ PENSACOLA, FL 32503

01172005 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 ☐ **$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: Betty Ann Rozzelle 2-8-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

000000224313
02/10/05-80080-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	M
NAME	ROZZELLE, JOHNNY
STREET ADDRESS	3501 NORTH ALCANIZ
CITY-ST-ZIP	PENSACOLA, FL
TITLE	M
NAME	ROZZELLE, BETTY A
STREET ADDRESS	3501 NORTH ALCANIZ
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: Betty Ann Rozzelle Betty Ann Rozzelle 2-8-05 850-434-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #