FILED
Mar 28, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000000153

1. Entity Name
TOJO ENTERPRISES, LLC

Principal Place of Business	Mailing Address
MALABAR ROAD PALM BAY, FL 32907	C/O KELLEY GALLOWAY CO. PO BOX 990 ASHLAND, KY 41105

DO NOT WRITE IN THIS SPACE

03232005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
61-1363677
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, JOHN
907 HYZER COURT
PALM BAY, FL 32907

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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 May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	THOMAS, JOHN
STREET ADDRESS	907 HYZER COURT
CITY-ST-ZIP	PALM BAY,
TITLE	MGRM
NAME	BURNETTE, THOMAS L
STREET ADDRESS	2773 WINCHESTER AVE.
CITY-ST-ZIP	ASHLAND KY
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	

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03/28/05-80051-022 50.00

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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: John G. Thomas 3/24/05 321-725363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #