


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000002267</b> 1. Entity Name <b>C &amp; J REALTY, L.L.C.</b>	
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Principal Place of Business <b>4059 GINGER DRIVE DIBERVILLE, MS 39540</b>	Mailing Address <b>4059 GINGER DRIVE DIBERVILLE, MS 39540</b>
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**DO NOT WRITE IN THIS SPACE**



01102007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>64-0892419</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JOHANSEN, OSCAR 4059 GINGER DRIVE DIBERVILLE, MS 39540
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CROWSON, THOMAS D 5016 FOURTH PLACE MERIDIAN, MS 393052019
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01/23/07-80067-023 55.00

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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:** Dora Johansen 1-17-2007 228-861-2993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #