2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000082962

Entity Name: LJ MANAGEMENT GROUP, INC

CANTABENE, ANTHONY D

17736 DRACINA CIRCLE

NORTH FORT MYERS, FL 33917

Name:

Address:

City-St-Zip:

FILED Jan 09, 2009 Secretary of State

Littly Name: L3 MANAGEMENT GROOF, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
4735 PALM FORT MY	M BEACH BLVI ERS, FL 339				
Current Mailing Address:			New Mailing Address:		
PO BOX 3 NORTH F	530 ORT MYERS, I	FL 33918 US			
FEI Number:	: 65-0535103	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
RYAN, MICHAEL P. 13768 OX BOW ROAD FORT MYERS, FL 33905 US			RYAN, MICHAEL P. 13380 ISLAND ROAD FORT MYERS, FL 339	RYAN, MICHAEL P. 13380 ISLAND ROAD FORT MYERS, FL 33905 US	
	named entity se of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/09/2009	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RYAN, LYDIA A 17586 PLUMEN		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	RYAN, JOHN E 17586 PLUMER	Delete A LN MYERS, FL 33917	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	CANTABENE, N 17736 DRACIN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHONY D. CANTABENE T 01/09/2009