

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90151 046 \*\*\*\*55.00

**DOCUMENT # L02000023765**

1. Entity Name  
GJB CONSULTING LLC



Principal Place of Business

100 S.E. 2ND STREET  
#3600  
MIAMI, FL 33131 US

Mailing Address

100 S.E. 2ND STREET  
#3600  
MIAMI, FL 33131 US

**20006155**



**DO NOT WRITE IN THIS SPACE**

01102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
06-1641722

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

~~BINGHAM, J. REID~~ **JOBLOVE, MICHAEL D.**  
100 S.E. 2ND STREET  
3600  
MIAMI, FL 33131

**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

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**

*Michael Joblove*

*1/21/05*

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
GENOVESE, JOHN  
100 S.E. 2ND STREET #3600  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
JOBLOVE, MIKE  
100 S.E. 2ND STREET #3600  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MALOOF, AL JR  
100 S.E. 2ND STREET #3600  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BATTISTA, PAUL J  
100 S.E. 2ND STREET #3600  
MIAMI, FL 33131

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Michael Joblove*

*1/27/05*