

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90135 023 ****50.00

| | | | | | |
|---|--|--|--|---|---|
| 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 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. 44TH FLOOR | | | 3. Mailing Address Suite, Apt. #, etc. 44TH FLOOR | | |
| City & State MIAMI, FL | | | City & State MIAMI, FL | | |
| Zip 33131 | | Country US | | 4. FEI Number 06-1641722 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent JOBLOVE, MICHAEL D 100 S.E. SECOND STREET 44TH FLOOR MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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) | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GENOVESE, JOHN 100 S.E. 2ND STREET #3600 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100 SE 2ND ST., 44TH FLOOR |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JOBLOVE, MIKE 100 S.E. 2ND STREET #3600 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100 S.E. 2ND ST., 44TH FLOOR |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MALOOF, AL JR 100 S.E. 2ND STREET #3600 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100 S.E. 2ND ST., 44TH FLOOR |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BATTISTA, PAUL J 100 S.E. 2ND STREET #3600 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100 SE 2ND ST., 44TH FLOOR |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, or empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: | | | | Date 1/10/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Daytime Phone # 305-349-2333 | |