

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000023765

1. Entity Name  
GJB CONSULTING LLC



Principal Place of Business

100 S.E. 2ND STREET  
44TH FLOOR  
MIAMI, FL 33131 US

Mailing Address

100 S.E. 2ND STREET  
44TH FLOOR  
MIAMI, FL 33131 US



07022007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-1641722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOBLOVE, MICHAEL D  
100 S.E. SECOND STREET  
44TH FLOOR  
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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GENOVESE, JOHN
STREET ADDRESS	100 SE 2ND ST 44TH FLOOR
CITY- ST- ZIP	MIAMI, FL 33131

TITLE	MGRM
NAME	JOBLOVE, MIKE
STREET ADDRESS	100 SE 2ND ST 44TH FLOOR
CITY- ST- ZIP	MIAMI, FL 33131

TITLE	MGRM
NAME	MALOOF, AL JR
STREET ADDRESS	100 SE 2ND ST 44TH FLOOR
CITY- ST- ZIP	MIAMI, FL 33131

TITLE	MGRM
NAME	BATTISTA, PAUL J
STREET ADDRESS	100 SE 2ND ST 44TH FLOOR
CITY- ST- ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000768996  
07/16/07-80010-006 50.00

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

MICHAEL JOBLOVE 7/5/07 1001349-233