


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90034 001 ****50.00

DOCUMENT # L05000003587			
1. Entity Name J3 ENTERPRISE, L.L.C.			
Principal Place of Business 11282 SW 9 COURT PEMBROKE PINES, FL 33025		Mailing Address 11282 SW 9 COURT PEMBROKE PINES, FL 33025	
2. Principal Place of Business 12942 SW 26 ST Suite, Apt. #, etc.		3. Mailing Address 12942 SW 26 ST Suite, Apt. #, etc.	
City & State Davie, FL Zip 33325 Country USA		City & State Davie, FL Zip 33325 Country USA	
4. FEI Number 41-2165060		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent UDELL, MICHAEL B 11282 SW 9 COURT PEMBROKE PINES, FL 33025		7. Name and Address of New Registered Agent Name: Williams, James P Street Address (P.O. Box Number is Not Acceptable): 12942 SW 26 ST City: Davie FL Zip Code: 33325	
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: <i>James P. Williams</i>		DATE: 4/10/2006	
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: MGRM NAME: WILLIAMS, JAMES P STREET ADDRESS: 11282 SW 9 COURT CITY-ST-ZIP: PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete	TITLE: MGRM NAME: Williams, James P STREET ADDRESS: 12942 SW 26 ST CITY-ST-ZIP: Davie, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: WILLIAMS, JANET A STREET ADDRESS: 11282 SW 9 COURT CITY-ST-ZIP: PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete	TITLE: MGRM NAME: Williams, Janet A STREET ADDRESS: 12942 SW 26 ST CITY-ST-ZIP: Davie, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<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 empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>James P. Williams</i>		DATE: 4/10/2006 Daytime Phone #: 3052989662	