


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000006028 1. Entity Name JJ REALTY, LLC	
---	---

Principal Place of Business 351 NE 185TH STREET MIAMI, FL 33179	Mailing Address 351 NE 185TH STREET MIAMI, FL 33179
--	--

DO NOT WRITE IN THIS SPACE



02232005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0340696	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

ROBBINS, JAMES M
351 NE 185TH STREET
MIAMI, FL 33179

**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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JAMES M. ROBBINS TRUST 351 NE 185TH STREET MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GERALD DAGEN TRUST 351 NE 185TH STREET MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000254837
03/07/05-80088-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/4/05** **305-653-6511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #