

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000006963 1. Entity Name JTJ, LLC	
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Principal Place of Business 5813 GLEN COVE DR SUITE 1103 NAPLES, FL 34108	Mailing Address 5813 GLEN COVE DR SUITE 1103 NAPLES, FL 34108
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04152005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TUCHMAN, JACOB 5813 GLEN COVE DR., #1103 NAPLES, FL 34108
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUCHMAN, JACOB 5813 GLEN COVE DR SUITE 1103 NAPLES, FL 34108
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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: Jacob Tuchman 04/20/05 (239) 592-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #