


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000008500</b> 1. Entity Name YOUR RESORT ZJ, L.L.C.	
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Principal Place of Business 2637 E. ATLANTIC BLVD 272 POMPANO BEACH, FL 33062	Mailing Address 2637 E. ATLANTIC BLVD 272 POMPANO BEACH, FL 33062
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01112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1024781	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  YEHIA, ZAKARIA 2637 E. ATLANTIC BLVD 272 POMPANO BEACH, FL 33062
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Zakaria Yehia* Zakaria Yehia 1-12-05  
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**

U000000197047  
01/26/05-80090-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZAKARIA, YEHIA 2637 E. ATLANTIC BLVD 272 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS HARVIE, JOHN V 2637 E. ATLANTIC BLVD 272 POMPANO BEACH, FL 33062
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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: *John V. Harvie* John V. Harvie 1-12-05 954-673-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #