
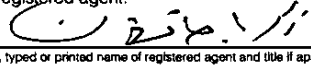



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90138 003 ****50.00

DOCUMENT # L00000008500 1. Entity Name YOUR RESORT ZJ, L.L.C.					
Principal Place of Business 2637 E. ATLANTIC BLVD 272 POMPANO BEACH, FL 33062				Mailing Address 2637 E. ATLANTIC BLVD 272 POMPANO BEACH, FL 33062	
2. Principal Place of Business 7080 Environ Blvd Suite, Apt. #, etc. Phase II Bldg 3, 523 City & State Lauderhill FL Zip 33319 Country Broward				3. Mailing Address 7080 Environ Blvd Suite, Apt. #, etc. Phase II Apt 523 City & State Lauderhill, FL Zip 33319 Country Broward	
4. FEI Number 65-1024781				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01152006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent YEHIA, ZAKARIA 2637 E. ATLANTIC BLVD 272 POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent Name Yehia, Zakaria Street Address (P.O. Box Number is Not Acceptable) 7080 Environ Blvd Phase II Apt 523 City Lauderhill FL Zip Code 33319	
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  ZAKARIA Yehia 1-20-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 P NAME ZAKARIA, YEHIA STREET ADDRESS 2637 E. ATLANTIC BLVD 272 CITY-ST-ZIP POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE Zakaria Yehia NAME 7080 Environ Blvd Phase II Apt 523 STREET ADDRESS Lauderhill, FL, 33319 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TS NAME HARVIE, JOHN V STREET ADDRESS 2637 E. ATLANTIC BLVD 272 CITY-ST-ZIP POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE Harvie John V NAME 7080 Environ Blvd Phase II Apt 523 STREET ADDRESS Lauderhill FL 33319 CITY-ST-ZIP	<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	
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	
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	
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  1-20-06 954-673-3600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					