


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000011485</b> 1. Entity Name <b>B &amp; J HOLDINGS, LLC</b>	
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Principal Place of Business <b>10131 WEST FOREST HILL BLVD., SUITE 230 WEST PALM BEACH, FL 33414</b>	Mailing Address <b>10131 WEST FOREST HILL BLVD., SUITE 230 WEST PALM BEACH, FL 33414</b>
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02082006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1054191</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DAVIS, RICHARD T 250 AUSTRIAN AVENUE SOUTH, SUITE 1601 WEST PALM BEACH, FL 33401</b>
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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 \_\_\_\_\_  
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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MONTIJO, HARVEY 10131 WEST FOREST HILL BLVD., SUITE 230 WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YEE, GARVIN 10131 WEST FOREST HILL BLVD., SUITE 230 WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WAELTZ, MARK 10131 WEST FOREST HILL BLVD., SUITE 230 WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ACEVEDO, JORGE 10131 FOREST HILL BLVD., #230 WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/02/06 80003-012 50.00

**DO NOT WRITE  
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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 of the company empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/15/06 501-798-6000

DSN

Daytime Phone if