


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000006596**

1. Entity Name  
**CEE JAY, LLC**



Principal Place of Business <b>C/O 9000 SW 152ND ST., STE. 102          MIAMI, FL 33157</b>	Mailing Address <b>C/O 9000 SW 152ND ST., STE. 102          MIAMI, FL 33157</b>
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>65-1098353</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, B. MACKAY ESQ  
 C/O WHITE & BROWN, P.A.  
 9000 SW 152ND ST., STE. 102  
 MIAMI, FL 33157**

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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, 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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROWN, MACKAY B 9000 SW 152 ST 102 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMSON, THOMAS 7815 SW 104 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUSSO, ROBERT 13205 SW 71 AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000011560  
 01/23/04-80042-013 50.00

**DO NOT WRITE IN THIS SPACE**

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: [Signature]      Date: 1/19/04      Daytime Phone #: 305-259-8200

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