


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90157 047 ****50.00

DOCUMENT # L01000006596

1. Entity Name
CEE JAY, LLC



Principal Place of Business
**C/O 9000 SW 152ND ST., STE. 102
 MIAMI, FL 33157**

Mailing Address
**C/O 9000 SW 152ND ST., STE. 102
 MIAMI, FL 33157**

2. Principal Place of Business
7450 SW 131 Street

3. Mailing Address
PO Box 560945

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-1098353

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



01172006 Chg-LLC CR2E083 (11/05)

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**

7. Name and Address of New Registered Agent
 Name **B. Mackay Brown (same)**
 Street Address (P.O. Box Number is Not Acceptable)
7450 SW 131 Street
 City **Miami** FL Zip Code **33156**

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.

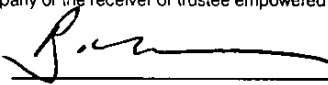
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, MACKAY B 9000 SW 152 ST 102 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7450 SW 131 Street Miami, Florida 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMSON, THOMAS 7815 SW 104 ST MIAMI, FL 33156 <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	MGRM RUSSO, ROBERT 13205 SW 71 AVE MIAMI, FL 33156 <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:  **B. MACKAY BROWN** 1/27/06 305-259-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #