2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000009437

1. Entity Name

TEE & J'S ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
4525 BAYWALK CIRCLE PENSACOLA FL 32514	PO BOX 11278 PENSACOLA FL 32524-1278

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3722479 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAIRD, JONATHAN W
4525 BAYWALK CIRCLE
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LAIRD, JONATHAN W 4525 BAYWALK CIRCLE PENSACOLA FL 32514	☐ Delete	000000523594 05/03/06-80079-020	☐ Change ☐ Add 50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LAIRD, TRUDY D 4525 BAYWALK CIRCLE PENSACOLA FL 32514	☐ Delete		☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jonathan W Laird 3/1/06 850-505-7755