

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020079

Entity Name: J.L.J. LLC

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

C/O LOREE SCHWARTZ FEILER
7685 SW 104TH STREET SUITE 200
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

C/O LOREE SCHWARTZ FEILER
7685 SW 104TH STREET SUITE 200
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-1156936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ FEILER, LOREE
7685 SW 104TH STREET
SUITE 200
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SCHWARTZ FEILER, LOREE
Address: 7685 SW 104TH STREET #200
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: FEILER, JEFFREY E
Address: 7685 SW 104TH STREET #200
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: SKYLER, JAY
Address: 7685 SW 104TH STREET #200
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LOREE SCHWARTZ FEILER

MGMR

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date