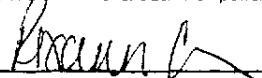


FILED

Jul 22, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #. L02000004479 1. Entity Name J&R LEFTA ENTERPRISES, LLC			
Principal Place of Business 5 PELICAN ISLE FT. LAUDERDALE, FL 33301		Mailing Address 5 PELICAN ISLE FT. LAUDERDALE, FL 33301	
DO NOT WRITE IN THIS SPACE			
		07182005No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 65-1109103	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent CARSON, JAMES T 5 PELICAN ISLE FT. LAUDERDALE, FL 33301		DO NOT WRITE IN THIS SPACE	
6. 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 filer if applicable		DATE _____ (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by September 7, 2005			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARSON, JAMES T 5 PELICAN ISLE FT. LAUDERDALE, FL 33301		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARSON, ROXANN N 5 PELICAN ISLE FT. LAUDERDALE, FL 33301		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		7-7-05 951-524-2989	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	