

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90146 043 \*\*\*\*50.00

**DOCUMENT # L02000005991**

1. Entity Name

PJUR GROUP MIAMI, LLC



Principal Place of Business

227 1ST STREET  
SUITE 3  
MIAMI FL 33139

Mailing Address

300 S. POINTE DR., STE. 604  
MIAMI FL 33139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

02-0564977

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATAS, RAQUEL M  
201 SOUTH BISCAYNE BLVD., 34TH FLOOR  
MIAMI CENTER  
MIAMI FL 33131

Name **RICHARD HARRIS**

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

**300 SOUTH POINTE DRIVE  
SUITE 604**

City **MIAMI BEACH FL** Zip Code **33139**

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:

*Richard Harris* **Richard Harris CEO**

**2-1-06**

Signature, typed or printed name of registrant agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete  
NAME HARRIS, RICHARD  
STREET ADDRESS 300 S. POINTE DR., STE. 604  
CITY-ST-ZIP MIAMI FL 33139

TITLE MGR ☐ Delete  
NAME PALMQUIST, JACK  
STREET ADDRESS 300 S. POINTE DR., STE. 604  
CITY-ST-ZIP MIAMI FL 33139

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

*Jack Palmquist* **JACK PALMQUIST** **1/31/06**

786-276-9703