


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90184 004 \*\*\*150.00

DOCUMENT # L02000006956	
1. Entity Name J AND J PROPERTIES, LLC	

Principal Place of Business 5665 LIVE OAK TERRACE HOLLYWOOD, FL 33312	Mailing Address 6363 TAFT ST #205 HOLLYWOOD, FL 33024
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 27-0016752	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00* Additional Fee Required
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6. Name and Address of Current Registered Agent  MYERS, JONATHAN ESQ. 5665 LIVE OAK TERRACE HOLLYWOOD, FL 33312
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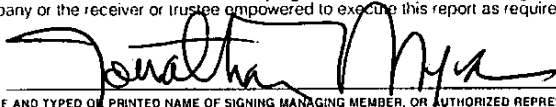
**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MYERS, JONATHAN P.O. BOX 620127 HOLLYWOOD, FL 33022
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Barra, Joseph 4215 ARTHUR STREET Hollywood, FL 33022
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**DO NOT WRITE IN THIS SPACE**

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: 	1/10/05 954-989-0555
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	