


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000012138</b>			
1. Entity Name <b>ANJUC LLC</b>		Principal Place of Business 1260 N.W. 72ND AVE. MIAMI FL 33126	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1260 N.W. 72ND AVE. MIAMI FL 33126	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/05)  
 4. FEI Number **06-1641430** Applied For  Not Applicable   
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>CAPO, ANNA 1260 N.W. 72ND AVE. MIAMI FL 33126</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remitting) DATE \_\_\_\_\_

**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	MGR CAPO, ANNA 1260 NW 72ND AVE MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  04/29/06-80230-002 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Anna Capo* **MANAGER** 4-10-06 305 592 4967  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #