

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90205 018 ****55.00



DOCUMENT # L02000014452

1. Entity Name

PJ KLATT MJ PLATT AND JP ADAMS, LLC

Principal Place of Business

501-511 CYPRESS GARDENS BLVD **AMB**
 1619 6TH ST SE
 WINTER HAVEN FL 33880

Mailing Address

764 SANTA MARIA DRIVE
 WINTER HAVEN FL 33884-3805



1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0718976

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

KLATT, PHILLIP J
 764 SANTA MARIA DRIVE
 WINTER HAVEN FL 33884-3805

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
 Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
MGRM	KLATT, PHILLIP J	764 SANTA MARIA DRIVE	WINTER HAVEN FL 33884-3805	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

PKlatt

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

3/15/07

Date

(863)326-1300

Daytime Phone #