2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State
01-27-2005 90080 045 ****50.00

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1. Entity Name
LJ HOLDINGS, LLC

Principal Place of Business	Mailing Address
25901 HICKORY BLVD., #306 BONITA SPRINGS, FL 34134	107 BAREFOOT CIR BONITA SPRINGS, FL 34134

30000766

01172005No Chg-LLC CR2E083 (10/03)

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4. FEI Number
75-3071948
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAFOR, LYNN
107 BAREFOOT CIR
BONITA SPRINGS, FL 34134

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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: John Macchia JOHN MACCHIA LYNN SHAFOR 1-23-05
Signature, (typed or printed name) of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHAFOR, LYNN
STREET ADDRESS	107 BAREFOOT CIR
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	MGRM
NAME	MACCHIA, JOHN
STREET ADDRESS	128 Flamingo Avenue
CITY-ST-ZIP	Naples, Florida 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John Macchia JOHN MACCHIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #