


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000020906</b> 1. Entity Name BJJB LLC	
--	---

Principal Place of Business 3030 JASMINE TER DELRAY BEACH, FL 33483	Mailing Address 3030 JASMINE TER DELRAY BEACH, FL 33483
---	---



**DO NOT WRITE IN THIS SPACE**

05262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 82-0560834	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

**6. Name and Address of Current Registered Agent**

BAITCH, BERTRAM L 3030 JASMINE TER DELRAY BEACH, FL 33483
---

**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 \_\_\_\_\_  
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 September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAITCH, BERTRAM L 3030 JASMINE TERR DELRAY BEACH, FL 33483
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000168670  
07/29/04-80001-006 50.00

**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:**  **BERTRAM BAITCH MGRM** 7/5/04 561.573-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #