


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000021284 1. Entity Name J&J CAPITAL, LLC	
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Principal Place of Business 3829 PARTRIDGE PLACE SOUTH, QUAIL RIDGE BOYNTON BEACH, FL 33436	Mailing Address 3829 PARTRIDGE PLACE SOUTH, QUAIL RIDGE BOYNTON BEACH, FL 33436
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DO NOT WRITE IN THIS SPACE



01172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 52-2376281	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PLANGERE, JULES L JR
3829 PARTRIDGE PLACE SOUTH, QUAIL RIDGE
BOYNTON BEACH, FL 33436

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLANGERE, JULES L 3829 PATRIDGE PLACE SOUTH, QUAIL RIDGE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLANGERE, JANE W 3829 PATRIDGE PLACE SOUTH, QUAIL RIDGE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONOVER, JOHN C III 1102 JEANNE LANE BRIELLE, NJ 08730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000134985
01/26/05-80010-011 50.00

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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: Jules L. Plangere Jr. 1/19/05 732-751-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #