


FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90187 004 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000021284					
<small>1. Entity Name</small> J&J CAPITAL, LLC					
<small>Principal Place of Business</small> 3829 PARTRIDGE PLACE SOUTH, QUAIL RIDGE BOYNTON BEACH, FL 33436			<small>Mailing Address</small> 3829 PARTRIDGE PLACE SOUTH, QUAIL RIDGE BOYNTON BEACH, FL 33436		
<small>2. Principal Place of Business</small>			<small>3. Mailing Address</small>		
<small>Suite, Apt. #, etc.</small>			<small>Suite, Apt. #, etc.</small>		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>Zip</small>	
<small>Country</small>		<small>Country</small>		<small>Country</small>	
<small>4. FEI Number</small> 52-2376281				<small>Applied For</small> <input type="checkbox"/> Not Applicable	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required					
<small>6. Name and Address of Current Registered Agent</small>			<small>7. Name and Address of New Registered Agent</small>		
PLANGERE, JULES L JR 3829 PARTRIDGE PLACE SOUTH, QUAIL RIDGE BOYNTON BEACH, FL 33436			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<small>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.</small>					
<small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when resigning)</small> <small>DATE</small> _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
<small>9. MANAGING MEMBERS/MANAGERS</small>			<small>10. ADDITIONS/CHANGES</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	MGRM PLANGERE, JULES L 3829 PATRIDGE PLACE SOUTH, QUAIL RIDGE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	MGRM PLANGERE, JANE W 3829 PATRIDGE PLACE SOUTH, QUAIL RIDGE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	MGRM CONOVER, JOHN C III 1102 JEANNE LANE BRIELLE, NJ 08730 <input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	634 Susan Lane <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brielle, NJ 08730		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</small>					
SIGNATURE: <u>Jules L. Plangere Jr.</u> <u>2/8/06</u> <u>732-751-1119</u> <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Devised Phone #</small>					