

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90282 008 ****50.00

DOCUMENT # L02000029363

1. Entity Name

GJC HOLDINGS LLC



Principal Place of Business

5565 LA GORCE DR
MIAMI BEACH FL 33140

Mailing Address

5565 LA GORCE DR
MIAMI BEACH FL 33140

2. Principal Place of Business

330 West Avenue

Suite, Apt. #, etc.

#24011

City & State

Miami Beach FL

Zip

33139

Country

USA

3. Mailing Address

1330 West Avenue

Suite, Apt. #, etc.

#24011

City & State

Miami Beach FL

Zip

33139

Country

USA

24014293



MOORE

CR2E083 (11/03)

4. FEI Number

13-4219022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRKPATRICK, GINA
5565 LA GORCE DR
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

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

Gina Kirkpatrick

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME KIRKPATRICK, GINA L ☐ Delete
STREET ADDRESS 5565 LA GORCE DR
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE P ☒ Change ☐ Addition
NAME KIRKPATRICK, GINA L
STREET ADDRESS 1330 West Avenue #24011
CITY-ST-ZIP miami Beach FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gina Kirkpatrick

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

2/18/04

Date

Daytime Phone #