

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90030 002 ****50.00

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05102005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000029363 1. Entity Name GJC HOLDINGS LLC					
Principal Place of Business 1330 WEST AVENUE #2611 MIAMI BEACH, FL 33139			Mailing Address 1330 WEST AVENUE #2611 MIAMI BEACH, FL 33139		
2. Principal Place of Business P.O. Box 403844 <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 403844 <small>Suite, Apt. #, etc.</small>			
City & State Miami Beach FL Zip 33140		City & State Miami Beach FL Zip 33140		4. FEI Number 13-4219022	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 Gina Kirkpatrick Street Address (P.O. Box Number is Not Acceptable) 5512 La Gorce DRIVE City Miami Beach FL Zip Code 33140		
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 5.10.05 DATE					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRKPATRICK, GINA L 1330 WEST AVENUE #2611 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GP GINA KIRKPATRICK P.O. BOX 403844 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			5.10.05 305.864.4480		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		