2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
04-17-2006 90032 005 ****50.00

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1. Entity Name
TJN, LLC

Principal Place of Business	Mailing Address
1511 PASSION VINE CIRCLE WESTON, FL 33326	1511 PASSION VINE CIRCLE WESTON, FL 33326

2. Principal Place of Business	3. Mailing Address
211 S. Hollybrook Dr	211 S. Hollybrook Dr
Suite, Apt. #, etc.: 305	Suite, Apt. #, etc.: 305
City & State: Pembroke Pines, FL	City & State: Pembroke Pines FL
Zip: 33025 Country: USA	Zip: 33025 Country: USA

04142006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 27-0038774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAPPEPORT, ANDREW H 12357 W. DIXIE HIGHWAY NORTH MIAMI, FL 33161	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FRAGER, HELENE ~~1511 PASSION VINE CIRCLE~~ 211 S. Hollybrook ~~WESTON, FL 33326~~ Pembroke Pines FL 33025 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FRAGER, NEAL B 714 BICKNELL RD LOS GATOS, CA 95030 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Treasurer~~ Jillian ~~Dufek~~ ~~Dufek~~ Dufek 7200 Boswell Lane Austin TX 78739-2072 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: Helene Frager (Helene Frager) 4/27/05 954 447-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #