2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000033816

1. Entity Name
PJ OF INDIAN RIVER, LLC

Principal Place of Business	Mailing Address
C/O MR. KENNETH G. PUTTICK 917 BEACHLAND BOULEVARD VERO BEACH, FL 32963	C/O MR. KENNETH G. PUTTICK 917 BEACHLAND BOULEVARD VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

05022005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
55-0823777	Not Applicable

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

6. Name and Address of Current Registered Agent

CALDWELL, WILLIAM W ESQ
COLLINS BROWN CALDWELL BARKETT & GARAVAGLI
756 BEACHLAND BOULEVARD
VERO BEACH, FL 32963

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 _____

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

Filing Fee is $50.00
Due by September 7, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	PUTTICK ENTERPRISES, INC.
STREET ADDRESS	917 BEACHLAND BLVD
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05/H00000365914
05/11/05-80022-010 50.00

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: _____   5/2/05   (203)234-8665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #