

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90053 026 \*\*\*\*50.00

**DOCUMENT # L02000034847**

1. Entity Name  
**C&J DEVELOPERS, LLC**



Principal Place of Business  
**1937 E ATLANTIC BLVD  
SUITE 12  
POMPANO BEACH, FL 33060**

Mailing Address  
**1937 E ATLANTIC BLVD  
SUITE 12  
POMPANO BEACH, FL 33060**



04062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**42-1567436**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROSEN, EVE W  
33 NE 2ND STREET, SUITE 101  
FORT LAUDERDALE, FL 33301**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ABADI, CHAIM MGR  
1937 E ATLANTIC BLVD #12  
POMPANO BEACH, FL 33060**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
BEESON, JAMES M MGR  
1937 E ATLANTIC BLVD # 12  
POMPANO BEACH, FL 33060**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

**J.M. BEESON, JR**

**4/17/2005**

**954-946-4007**

Date

Daytime Phone #