


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90292 007 ****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
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2. Principal Place of Business 2101 N. ANDREWS Ave	3. Mailing Address 2101 N. ANDREWS Ave
Suite, Apt. #, etc. Ste 403	Suite, Apt. #, etc. Ste 403
City & State WILTON MANORS FL	City & State WILTON MANORS FL
Zip 33311	Country USA

1st MOORE CR2E083 (10/05)

4. FEI Number 42-1567436		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Acceptable) 2101 North Andrews Avenue - Ste 403 Wilton Manors, FL 33311 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABADI, CHAIM MGR 1937 E ATLANTIC BLVD #12 POMPANO BEACH FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 North Andrews Avenue - Ste 403 Wilton Manors, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEESON, JAMES M MGR 1937 E ATLANTIC BLVD # 12 POMPANO BEACH FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 North Andrews Avenue - Ste 107 Wilton Manors, FL 33311
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
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
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
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

*Address
Changes for
ALL*

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

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