

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-22-2005 90053 024 ****50.00

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1. Entity Name
C&J INVESTMENTS, 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)

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4. FEI Number
42-1567434

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSEN, EVE WAGNER
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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
Date

954-946-4607
Daytime Phone #