## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 22, 2006 8:00 am **Secretary of State** DOCUMENT # L02000034851 1. Entity Name 03-22-2006 90292 008 \*\*\*\*50.00 C&J INVESTMENTS, LLC Principal Place of Business Mailing Address 1937 E ATLANTIC BLVD 1937 E ATLANTIC BLVD POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 2101 N. ANDREWS AVE 3. Mailing Address HNDRENS HVE Suite, Apt. #, etc Suite, Apt. #, etc. 57 = 403 1st MOORE CR2E083 (10/05) City & State Applied For 4. FEI Number ILTON MANORS WILTON MANDRS 42-1567434 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSEN, EVE WAGNER 33 NE 2ND STREET, SUITE 101 FORT LAUDERDALE FL 33301 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ☐ Addition TIT) F THTLE ☐ Delete MGR NAME ABADI, CHAIM MGR 3 NAME STREET ADDRESS 1937 E ATLANTIC BLVD #12 STREET ADDRESS 2101 North Andrews Avenue - Ste 403 CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP Wilton Manors, FL 33311 ▼ Change Delete ☐ Addition TITLE TITLE NAME BEESON, JAMES M MGR NAME STREET ADDRESS STREET ADDRESS 1937 E ATLANTIC BLVD # 12 2101 North Andrews Avenue - Ste 107 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 Wilton Manors, FL 33311 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in indicated on this report is true and accurate and that my signature shall have the same legal effect as if ma limited liability company or the receiver or trustee empowered to execute this report as required by Chapter SIGNATURE:

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

FILED