

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000124

Entity Name: T.J.'S PLACE, LLC

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

150 S. MAIN STREET
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

PO BOX 2275
LABELLE, FL 33975

New Mailing Address:

FEI Number: 20-0951840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAEAR, JEFFRY M
871 N RIVER RD
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

LAZAR, JEFFREY M
871 N RIVER RD
LABELLE, FL 33935 US

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.

SIGNATURE: J. M. LAZAR

01/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAZAR, JEFFREY M.
Address: PO BOX 2275
City-St-Zip: LABELLE, FL 33975

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAZAR, JEFFREY M
Address: PO BOX 2275
City-St-Zip: LABELLE, FL 33975

Title: PART () Change (X) Addition
Name: LAZAR, HAROLD N
Address: 1340 IVAN BLVD
City-St-Zip: LA BELLE, FL 33935

Title: PART () Change (X) Addition
Name: LAZAR, THERESA
Address: 871 N. RIVER RD
City-St-Zip: LA BELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: J. M. LAZAR

MGR

01/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date