

# ANNUAL REPORT (AR)

DOCUMENT # L030000003967

1. Entity Name

BJL PROPERTIES, LLC



**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**



1st MOORE

CR2E083 (10/05)

4. FEI Number  
**48-1300761**

Applied For  
Not Applicable

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

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

MCCARTHY, LISA  
3 PINE BLUFF TRAIL  
ORMOND BEACH FL 32174

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRS	<input type="checkbox"/> Delete
NAME	MCCARTHY, LISA	
STREET ADDRESS	3 PINE BLUFF TR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MCCARTHY, WILLIAM	
STREET ADDRESS	3 PINE BLUFF TR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ALQUISZTOS, JERRY	
STREET ADDRESS	3 PINE BLUFF TR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/06 (382)