2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Feb 14, 2007 08:00 AM DOCUMENT # L03000006848 1. Entity Name **Secretary of State** 3J LLC Principal Place of Business Mailing Address 7311 BALLANTRAE COURT 7311 BALLANTRAE COURT **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business - No P O, Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 51-0475132 Not Applicable Zıp Country Country \$5.00 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEISEL, NEIL Street Address (P.O. Box Number is Not Acceptable) 5705 PADDINGTON WAY **BOCA RATON FL 33496** 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, typed or printed name of registered agent and title if applicable. (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, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ME ☐ Change MGRM ☐ Deleie ■ Addition NAME. MEISEL, ROBERT P 000000635388 STREET ADORLSS STREET ADDRESS 3111 N OCEAN BLVD 02/23/07-80012-014 50.00 CITY-ST-ZIP **GULF STREAM FL 33483** CITY-ST-ZIP THILE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP TIFLE ☐ Defete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY ST-7IP 1ITLE ☐ Defete IIILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP 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 logal 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE