

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017145

Entity Name: LTJ PROPERTIES L.L.C.

FILED
Jan 25, 2005
Secretary of State

Current Principal Place of Business:

1969 S ALAFAYA TRAIL, #351
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

1969 S ALAFAYA TRAIL, #351
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 54-2110233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

GILLEN, LIAM
1969 S ALAFAYA TR, # 351
ORLANDO, FL 32828 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: LIAM GILLEN

01/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GILLEN, LIAM
Address: 2517 CORBYTON CT.
City-St-Zip: ORLANDO, FL 32828

Title: MGRM () Delete
Name: GILLEN, JEAN
Address: 2517 CORBYTON CT.
City-St-Zip: ORLANDO, FL 32828

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: WECLEW, THOMAS V
Address: 12678 MARIBOU CT
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LIAM GILLEN

MGR

01/25/2005

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