


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90084 034 ****55.00

DOCUMENT # L03000022727	
1. Entity Name KJ ENTERPRISES, LLC	

Principal Place of Business 9606 SEA TURTLE TERRACE, UNIT 102 BRADENTON FL 34212	Mailing Address 9606 SEA TURTLE TERRACE, UNIT 102 BRADENTON FL 34212
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2. Principal Place of Business 710 Commerce Drive Suite, Apt. #, etc. Unit 104 City & State Venice Fla. Zip 34292 Country U.S.A.	3. Mailing Address 12119 Aster AVE Suite, Apt. #, etc. City & State Bradenton Fla. Zip 34212 Country U.S.A.
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1st MOORE CR2E083 (10/04)

4. FEI Number 20-0180920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PLAIA, MICHAEL 9606 SEA TURTLE TERR., UNIT 102 BRADENTON FL 34212	
7. Name and Address of New Registered Agent Name Plaia, Michael Street Address (P.O. Box Number is Not Acceptable) 12119 Aster AVE City Bradenton FL Zip Code 34212	

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 **Michael Plaia** **Michael Plaia** **4/27/05**
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, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLAIA, MICHAEL P 9606 SEA TURTLE TERRACE UNIT 102 BRADENTON FL 34212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michael P. Plaia 12119 Aster AVE Bradenton, FL 34212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: **Michael P. Plaia** **4/27/05** **941 750-9750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #