

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR 11 AM 10:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000026479

1. Entity Name
CJ ST CROIX, L.L.C.



Principal Place of Business
3181 NW 61ST STREET
BOCA RATON, FL 33496

Mailing Address
C/O 7000 W. PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
3181 NW 61 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Boca Raton, Florida

Zip

Country

Zip
33496

Country
USA

03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2436116

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, STUART R ESQ.
70000 W. PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name
Louis J. Terminello, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Terminello & Terminello, P.A.
2700 SW 37 Avenue
City
Miami FL Zip Code
33133

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 reinstating)

DATE

307-06

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
739 WASHINGTON LLC
3181 NW 61ST STREET
BOCA RATON, FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200097297712
04/18/07--01013--006 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

4/9/07

Date

305 444 5002

Daytime Phone #