


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90158 022 ****55.00

DOCUMENT # L0300028117					
1. Entity Name T&J ACCOUNT, LLC					
Principal Place of Business 245 E. RIVO ALTO DRIVE MIAMI BEACH, FL 33139-1267			Mailing Address 245 E. RIVO ALTO DRIVE MIAMI BEACH, FL 33139-1267		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent DEVINE GOODMAN PALLOT & WELLS, P.A. ATTN: JOSEPH W. PALLOT 777 BRICKELL AVENUE, SUITE 850 MIAMI, FL 33131				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, JONATHAN			NAME	
STREET ADDRESS	245 E RIVO ALTO DR.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139			CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONENBERG, RICHARD			NAME	
STREET ADDRESS	245 E RIVO ALTO DRIVE, MB 33139			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODAPP, ELIZABETH			NAME	
STREET ADDRESS	245 E. RIVO ALTO DRIVE, MB 33139			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Jonathan Cohen</i>		Date: <i>2/6/05</i>		Daytime Phone #: <i>324-7000</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number **77-0607123** Applied For Not Applicable

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

FL

Filing Fee Is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

SIGNATURE: *Jonathan Cohen* Date: *2/6/05* Daytime Phone #: *324-7000*