


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000028117
 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
---	---



01042006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
--	--------------------------------

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

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COHEN, JONATHAN 245 E RIVO ALTO DR. MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRONENBERG, RICHARD 245 E RIVO ALTO DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HODAPP, ELIZABETH 245 E RIVO ALTO DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000382386
 01/12/06-80008-015 55.00

DO NOT WRITE IN THIS SPACE

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: Conor Lee Con 1/8/2006 (305)324-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #