


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000032855</b> 1. Entity Name I & J SERVICES, LLC	
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Principal Place of Business 820 CHAMBERLAIN LOOP LAKE WALES, FL 33853-2800	Mailing Address P.O. BOX 4014 LAKE WALES, FL 33859-4014
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03032006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 57-1183728	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**5. Name and Address of Current Registered Agent**

FLEITES, IVAN  
820 CHAMBERLAIN LOOP  
LAKE MARY, FL 33853-2800

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE

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

**9. MANAGING MEMBERS/MANAGERS**

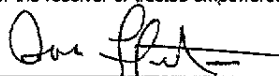
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLEITES, JENNIFER 820 CHAMBERLAIN LOOP LAKE WALES, FL 338532800
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEITES, IVAN 820 CHAMBERLAIN LOOP LAKE WALES, FL 338532800
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05/17/06-80088-022 50.00

**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:**



4/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #