

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90285 014 ****50.00

20000400



01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0573014 Applied For
NOT APPLICABLE Not Applicable

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

DOCUMENT # L03000034502
1. Entity Name
NJT INVESTMENTS, LLC



Principal Place of Business
**1301 RIVERPLACE BLVD., STE. 1500
JACKSONVILLE, FL 32207**

Mailing Address
**1301 RIVERPLACE BLVD., STE. 1500
JACKSONVILLE, FL 32207**

2. Principal Place of Business
Centro de Distribucion
Suite, Apt. #, etc.
del Norte Bldg 1 Road 8091

3. Mailing Address
Same as above
Suite, Apt. #, etc.

City & State
Km 4.2 Bo. Palmas Catano

Zip
00902 Country
PR

6. Name and Address of Current Registered Agent
**WOODRICH, MICHAEL A
1301 RIVERPLACE BLVD., STE. 1500
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent
Name **Michael A. Woodrich**
Street Address (P.O. Box Number is Not Acceptable)
1301 Riverplace Blvd., Ste 1500
City **Jacksonville** FL Zip Code **32207**

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 A. Woodrich* (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVA, ALVARO J MGR K-10 TERRACE STREET GARDEN HILLS, PR 00966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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
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

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: *Alvaro J. Silva* DATE _____ DAYTIME PHONE # _____

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