2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jul 25, 2005 08:00 AM DOCUMENT # L03000039038 **Secretary of State** 1. Entity Name G.C.J. LLC Principal Place of Business Mailing Address **611 EATON STREET 611 EATON STREET** KEY WEST, FL 33040 KEY WEST, FL 33040 07082005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3707141 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YATES, DONALD E DO NOT WRITE **611 EATON STREET** KEY WEST, FL 33040 IN THIS SPACE 8. The above named entity submits this statement or 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM NAME LUDWIG-O'LEARY, KAREN STREET ADDRESS 538 LAWRENCE AVENUE WESTFIELD, NJ 07090 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000374354 25/U5-80005-016 50.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP JITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

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

7/20/05

52-321-1307

Daylime Phone #

FILED