

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90426 047 ****50.00

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01062005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000040416 1. Entity Name JOYOUS GARDE INVESTMENTS, LLC					
Principal Place of Business 621 NW 78TH TERRACE #206 . PEMBROKE PINES, FL 33024			Mailing Address 621 NW 78TH TERRACE #206 PEMBROKE PINES, FL 33024		
2. Principal Place of Business 4941 SW 151st TERR.		3. Mailing Address 4941 SW 151st TERR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIRAMAR		City & State MIRAMAR		4. FEI Number 20-0308962	
Zip 33027		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
Zip 33027		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THE TAX DOCTOR, LLC 3021 NW 183RD ST. MIAMI, FL 33056			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 _____ (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		DATE	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, KAREN 621 NW 78TH TERRACE #206 PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, KAREN 4941 SW 151 TERRACE MIRAMAR, FL 33027
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, ADRIAN 621 NW 78TH TERRACE #206 PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, ADRIAN 4941 SW 151 TERRACE MIRAMAR, FL 33027
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, DIEDRE 2333 NW 181 TERR. MIAMI GARDENS, FL 33024	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, ADRIAN 3135 NE 184st # 2304 AVENTURA, FL 33160
				<input checked="" 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: _____			ADRIAN PARKER		3/22/05 305-804-1686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #