

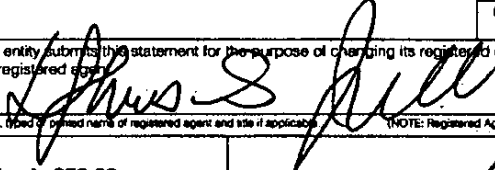
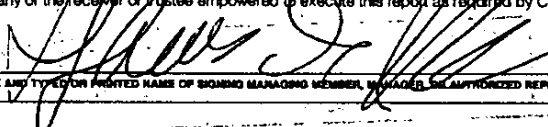
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/21/2005-90027-019-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 2005

COPY

DOCUMENT # L03000042812					
1. Entity Name 3J LAND HOLDINGS, LLC					
Principal Place of Business 1876 KINSMERE DR. NEW PORT RICHEY, FL 34653 US			Mailing Address POST OFFICE BOX 1143 NEW PORT RICHEY, FL 34656 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEACOCK, RAY ESQ. 2348 SUNSET POINT ROAD SUITE E CLEARWATER, FL 33765			Name: Thomas G. Jankowski Street Address (P.O. Box Number is Not Acceptable) 1876 Kinsmere Dr. City: Tennity FL Zip Code: 34655		
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: 3-9-05		
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	MGRM JANKOWSKI, THOMAS G P.O. BOX 1143 NEW PORT RICHEY, FL 34656	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	05 SEP 2005 AM 06 REINSTATEMENT 2005
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: 			DATE: 4-15-05 Daytime Phone #: 727-845-4899		