


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050398

1. Entity Name
J&T ASSOCIATES, LLC



Principal Place of Business Mailing Address

3564 CLARK ROAD **3564 CLARK ROAD**
SARASOTA, FL 34231 US **SARASOTA, FL 34231 US**

DO NOT WRITE IN THIS SPACE



02272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0489809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVELESS, TIMOTHY
3564 CLARK ROAD
SARASOTA, FL 34231

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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 _____

Signature typed or printed name of registered agent and title if applicable

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

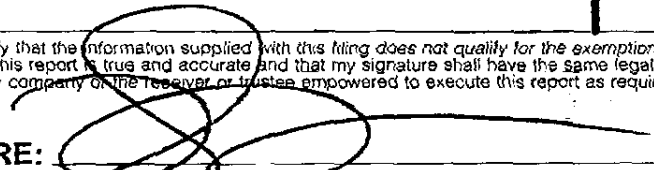
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOVELESS, TIMOTHY 3584 SARASOTA GOLF CLUB BLVD. SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERGER, JUDITH 5265 CAPE LEYTE WAY SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Date **4/12/06** Daytime Phone # **941-556-7070**

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