2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 16, 2005 8:00 am Secretary of State

DOCUMENT # L03000050551 1. Entity Name TJS VENTURES LLC						05-16-2005	5 90040 026 *	****5	0.00
Principal Place of Business Ma		Mailing Address	Mailing Address			-093			
7271 DEMEDICI CIRCLE DELRAY BEACH, FL 33446-3187		951 SW 4TH AVENUE BOCA RATON, FL 33432-5803			058933	14 8978) B AN GRIST G HEL	4 771 1177	(6)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162005	Chg-LLC	CR2E083 (10	V03)		
City & State		City & State		4. FEI Numb 20-047			$\rightarrow \cdot \cdot$	olied For Applicable	
Zip	Country	Žip	Coun	try		of Status Desired	Fee Re	O Addit	
	6. Name and Address of Current I	Registered Agent		Name	7. Name and	Address of New R	legistered Agent		
	ERG, WILLIAM								
951 SW 4TH AVENUE BOCA RATON, FL 33432-5803				Street Addre	ess (P.O. Box Numb	er is Not Acceptable	e) 		
				City			FL Zip	Code	<u>.</u>
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing it	s registere	ed office or reg	gistered agent, or bo	th, in the State of Flo	orida. I am familiar	with, a	and accept
SIGNATURE.									
SIGIOTIONE :	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered	d Agent signature re	equired when reinstating)		DATE		
Fi	Sgnature, typed or printed name of registered agent a lling Fee is \$50.00 ue by May 1, 2005	nd title if applicable. (NO	TE: Registered	d Agent signature re	equired when reinstating)		DATE te check payable a Department of		•
Fi	ling Fee is \$50.00	-	TE: Registered	d Agent signature re	equired when reinstating)		e check payable a Department of		
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Fi De 9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEI MGR STILLWELL, TERRI B	RS/MANAGERS	10. TITLE NAMI STRE	E	equired when reinstating)	Florida	e check payable Department of	State	
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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.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

561-750.830)