

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-24-2005 90100 020 ****50.00

DOCUMENT # L04000004059																																																																																																																	
1. Entity Name T & J PROPERTIES, LLC																																																																																																																	
Principal Place of Business 3752 RIVERSIDE ROAD RIVERSIDE, MI 49084			Mailing Address 3752 RIVERSIDE ROAD PO Box 126 RIVERSIDE, MI 49084																																																																																																														
2. Principal Place of Business			3. Mailing Address																																																																																																														
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																														
City & State			City & State																																																																																																														
Zip			Zip																																																																																																														
Country			Country																																																																																																														
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																														
REDMAN, JAMES L 212 NORTH COLLINS STREET, SUITE 2 PLANT CITY, FL 33563-3314			Name																																																																																																														
			Street Address (P.O. Box Number is Not Acceptable)																																																																																																														
			City																																																																																																														
			State 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 _____																																																																																																																	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____																																																																																																																	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																																																																																															
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MONTE, ANTHONY J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3250 ESTATES DRIVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ST. JOSEPH, MI 49084</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MONTE, JOHN S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2583 APPALOOSA TRAIL</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>WELLINGTON, FL 33414</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	MGR	☐ Delete	NAME	MONTE, ANTHONY J		STREET ADDRESS	3250 ESTATES DRIVE		CITY- ST- ZIP	ST. JOSEPH, MI 49084		TITLE	MGR	☐ Delete	NAME	MONTE, JOHN S		STREET ADDRESS	2583 APPALOOSA TRAIL		CITY- ST- ZIP	WELLINGTON, FL 33414		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	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 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: <u><i>Anthony J. Monte</i></u> 1/19/05 6098491722																																																																																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone																																																																																																																	

30000716



01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0613844** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required