

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000004059

1. Entity Name
T & J PROPERTIES, LLC



Principal Place of Business
**3752 RIVERSIDE ROAD
RIVERSIDE, MI 49084**

Mailing Address
**P.O. BOX 126
3752 RIVERSIDE ROAD
RIVERSIDE, MI 49084**



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0613844

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REDMAN, JAMES L
212 NORTH COLLINS STREET, SUITE 2
PLANT CITY, FL 33563-3314**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MONTE, ANTHONY J
3250 ESTATES DRIVE
ST. JOSEPH, MI 49084**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MONTE, JOHN S
2583 APPALOOSA TRAIL
WELLINGTON, FL 33414**

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

U00000385947
01/18/06-80037-010 50.00

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IN THIS SPACE**

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

1/9/06 248-849-1722

Date

Daytime Phone #