FILED
Sep 06, 2005 8:00 am
Secretary of State
09-06-2005 90046 045 ****45.00
08-08-2005 90149 050 *****5.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000005770

1. Entity Name
LJB HOLDINGS LLC

Principal Place of Business	Mailing Address
500 52ND STREET GULF MARATHON, FL 33050	500 52ND STREET GULF MARATHON, FL 33050

07152005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Same	500 52nd st Gulf
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marathon FL	City & State: marathon FL
Zip: 33050 Country: USA	Zip: 33050 Country: Same

4. EIN Number: 84-1686932 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECKER, LANCE J 500 52ND STREET GULF MARATHON, FL 33050	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE

Filing Fee is $50.00 Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete BECKER, LANCE J 500 52ND STREET GULF MARATHON, FL 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete BECKER, MARY-ANN K 500 52ND STREET GULF MARATHON, FL 33050	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 8/2 305 743 0945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #