


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 13, 2006 8:00 am
Secretary of State

09-13-2006 90046 012 ****50.00

DOCUMENT # L04000012374	
1. Entity Name LJ'S INSTALLERS, LLC	

Principal Place of Business 6345 DAWSON ST HOLLYWOOD FL 33023	Mailing Address 6345 DAWSON ST HOLLYWOOD FL 33023
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2. Principal Place of Business Suite, Apt. #, etc. 537 N LAKE DR City & State FLORIDA, FL Zip 33857 Country USA	3. Mailing Address Suite, Apt. #, etc. 537 N LAKE DR City & State FLORIDA, FL Zip 33857 Country USA
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2nd MOORE CR2E083 (4/06)

4. FEI Number 20-0777968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAROQUE, JON 6345 DAWSON HOLLYWOOD FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	537 N LAKE DR FLORIDA FL 33857 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LAROQUE, JON 6345 DAWSON HOLLYWOOD FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	537 N LAKE DR FLORIDA, FL 33857 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: J La Roque 9/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone: #