

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000014324</b> 1. Entity Name <b>NJ MANAGEMENT, LLC</b>				<b>May 01, 2006 08:00 A</b> <b>Secretary of State</b>		
Principal Place of Business <b>2880 NW BOCA RATON BLVD., #4 BOCA RATON, FL 33431</b>		Mailing Address <b>2880 NW BOCA RATON BLVD., #4 BOCA RATON, FL 33431</b>				
<b>DO NOT WRITE IN THIS SPACE</b>						
				04282006No Chg-LLC      CR2E083 (11/05)		
		4. FEI Number <b>58-2497591</b>		Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				
6. Name and Address of Current Registered Agent  <b>MAHER, JOSEPH L III 2880 NW BOCA RATON BLVD., #4 BOCA RATON, FL 33431</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>						
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>						
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>  000000557541 05/17/06-80055-012 50.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VICKERY, CHARLES 2880 NW BOCA RATON BLVD., #4 BOCA RATON, FL 33431</b>					
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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: 		4-27-06				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #		