

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000014833

1. Entity Name  
TRJ V, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG -1 AM 9:29

Principal Place of Business  
1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406

Mailing Address  
1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country Zip Country



07192005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

JABARA, RICHARD  
1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406

## 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 \_\_\_\_\_

Filing Fee is \$50.00  
Due by September 7, 2005

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME JABARA, RICHARD  
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 407 SOUTH  
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE MGRM ☐ Delete  
NAME WALSH, JANET  
STREET ADDRESS 7 KENOSIA AVENUE, SUITE 2A  
CITY-ST-ZIP DANBURY, CT 06810

TITLE MGRM ☐ Delete  
NAME JABARA, THEODORE JR.  
STREET ADDRESS 7 KENOSIA AVENUE, SUITE 2A  
CITY-ST-ZIP DANBURY, CT 06810

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Henry V. Kelley CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-19-05 203-798-1099  
Date Daytime Phone #