## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # L04000015044  1. Entity Name G & J LAND DEVELOPMENT, LLC						05-01-2006 90074 0		
	SON STREET PINES, FL 33029 US	Mailing Address 20871 JOHNSON STREET PEMBROKE PINES, FL 33029 US  3. Mailing Address		;   	2004120	8 		
2. Principal Pl	lace of Business L. Commonce Parkway	nonce l	arkway				<b>                                    </b>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. Suite 202			04202006	Chg-LLC CR2	E083 (11/05)	
City & State Weoton, FL		City & State Weston, FL			4. FEI Numh	20-0170	5 7.5 AF	plied For at Applicable
3332b	Country	33326	Country U.S.	A	5. Certificate	of Status Desired	\$5.00 Add Fee Require	
	6. Name and Address of Current		7. Name and Address of New Registered Agent					
FRIEND, J	OEL INSON STREET		Name Joe Friend  Street Address (P.O. Box Number is Not Acceptable)					
	KE PINES, FL 33029		Olicel Addition (1.0) Box No					
			С	West o		F	L 3333	ۇ گىل
	named entity submits this statement fo	the purpose of changing its	registered o			oth, in the State of Florida. I a	n familiar with,	and accept
the obligations of register agent.  SIGNATURE 4/25/06								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	ling Fee is \$50.00 ue by May 1, 2006					Make check Florida Depart		9
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/CHANG		
TITLE NAME	MGRM FRIEND, JOEL	☐ Delele	TITLE NAME				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				DDRESS 2200	o N. Co.	mmence Parkway 33326	, # 202	
TITLE	MRGM	☐ Delete	TITLE		·		Change	☐ Addition
name Street address	FRIEND, GEORGINA 20871 JOHNSON STREET  ANA STR			DRESS DROOM Commons Proklem #202				
CITY-ST-ZIP	PEMBROKE PINES, FL 33029			ZIP Weo	ton, FL	more Parkwy 33326	, <del>11</del> 202	
TITLE		☐ Delete	TITLE		•		Change	☐ Addition
NAME Street Address			name Street ac	DDRESS			-	·
CITY-ST-ZIP		<u>.</u>	CITY-S1-	ZIP			,	
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS			STREET AL	DDRESS				
CITY-ST-ZIP			CITY-ST-	ZIP		<del></del>		
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS			STREET AC					
CITY-ST-ZIP			CITY-ST-	ZIP			☐ Change	☐ Addition
TITLE NAME		☐ Detete	TITLE NAME	Ì			C Change	C Addition
STREET ADDRESS			STREET AC					
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify fo	CITY-SI-		in Chanter 110	Florida Statutes Lituriber ce	tify that the info	ormation
11. I hereby certify that the information supplied with this filling 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.								
107 1								
SIGNATURE: 1014 1016 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayline Prome 2								