

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90074 043 ****50.00

DOCUMENT # L04000015044 1. Entity Name G & J LAND DEVELOPMENT, LLC					
Principal Place of Business 20871 JOHNSON STREET PEMBROKE PINES, FL 33029 US			Mailing Address 20871 JOHNSON STREET PEMBROKE PINES, FL 33029 US		
2. Principal Place of Business 2200 N. Commerce Parkway Suite, Apt. #, etc. Suite 202 City & State Weston, FL Zip 33326 Country U.S.A.		3. Mailing Address 2200 N. Commerce Parkway Suite, Apt. #, etc. Suite 202 City & State Weston, FL Zip 33326 Country U.S.A.			
20041208 					
04202006 Chg-LLC CR2E083 (11/05)					
4. FEI Number 20-0770575				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 FRIEND, JOEL 20871 JOHNSON STREET PEMBROKE PINES, FL 33029	
7. Name and Address of New Registered Agent Name Joel Friend Street Address (P.O. Box Number is Not Acceptable) City Weston FL Zip Code 33326				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 <u><i>Joel Friend</i></u> DATE <u>4/25/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEND, JOEL 20871 JOHNSON STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEND, GEORGINA 20871 JOHNSON STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEND, GEORGINA 20871 JOHNSON STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEND, GEORGINA 20871 JOHNSON STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete			
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: <u><i>Joel Friend</i></u> DATE <u>4/25/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					