

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90221 003 \*\*\*\*50.00

**DOCUMENT # L04000019606**

1. Entity Name

JUST US INVESTMENTS, LLC



Principal Place of Business

101 NORTH US HWY 1  
SUITE 112  
FORT PIERCE FL 34950  
US

Mailing Address

101 NORTH US HWY 1  
112  
FORT PIERCE FL 34950  
US

2. Principal Place of Business

3401 S. FEDERAL HWY  
Suite, Apt. #, etc.:

3. Mailing Address

1206 FOSTER MILL LANE  
Suite, Apt. #, etc.:

City & State

Fort Pierce FL

City & State

Boca Raton Beach FL

Zip

34982

Country

PT. ST. LUCIA

Zip

33436

Country

FLORIDA

4. FEI Number

20-1241768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, BONNIE S  
9050 PINES BLVD  
SUITE 384  
PEMBROKE PINES FL 33024

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
ANTICO, PHILIP  
101 NORTH US 1, SUITE 112  
FORT PIERCE FL 33495

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #