

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000034356

1. Entity Name
C&J FLORIDA REALTY, LLC



Principal Place of Business
1304 NORTH BROAD STREET
HILLSIDE, NJ 07205 US

Mailing Address
1304 NORTH BROAD STREET
HILLSIDE, NJ 07205 US



02272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2136173	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LENOFF, STEVEN
1761 WEST HILLSBORO BOULEVARD
SUITE 405
DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EL MANN, JOSEPH
STREET ADDRESS	1304 NORTH BROAD STREET
CITY- ST- ZIP	HILLSIDE, NJ 07205

TITLE	MGRM
NAME	ELMANN, CHARLES
STREET ADDRESS	1304 NORTH BROAD STREET
CITY- ST- ZIP	HILLSIDE, NJ 07205

TITLE	MGRM
NAME	VITTORIO, DANA
STREET ADDRESS	1304 N BROAD ST
CITY- ST- ZIP	HILLSIDE, NJ 07205

TITLE	MGRM
NAME	VICTOR, HARA
STREET ADDRESS	1304 N BROAD ST
CITY- ST- ZIP	HILLSIDE, NJ 07205

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/15/07-80028-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

Date

Daytime Phone #

JOSEPH E. MANN

March 5th 07 9084369599