


**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 <b>1304 NORTH BROAD STREET          HILLSIDE, NJ 07205 US</b>	Mailing Address <b>1304 NORTH BROAD STREET          HILLSIDE, NJ 07205 US</b>
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**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>41-2136173</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_

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

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

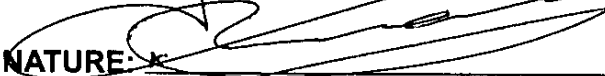
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EL MANN, JOSEPH 1304 NORTH BROAD STREET HILLSIDE, NJ 07205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELMANN, CHARLES 1304 NORTH BROAD STREET HILLSIDE, NJ 07205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VITTORIO, DANA 1304 N BROAD ST HILLSIDE, NJ 07205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VICTOR, HARA 1304 N BROAD ST 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

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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:  **JOSEPH EL MANN**      Date: **March 5<sup>th</sup> 07**      Davtime Phone #: **9084369599**

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