


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 |
|--|--|

DO NOT WRITE IN THIS SPACE



02272007 No Chg-LLC CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 41-2136173 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ (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

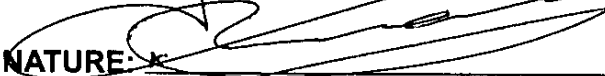
9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| 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 | |

DO NOT WRITE IN THIS SPACE

U00000658185
03/15/07-80028-018 50.00

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 5th 07** Davtime Phone #: **9084369599**

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