

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90192 013 ****50.00

DOCUMENT # L04000034451

1. Entity Name

C.J.'S PROPERTIES, LLC



Principal Place of Business

1420 SW LEE STREET
MADISON FL 32340

Mailing Address

1420 SW LEE STREET
MADISON FL 32340

2. Principal Place of Business

3. Mailing Address

382 S.W. Lee Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Madison, FL

City & State

City & State

Zip

Country

Zip

32340

Country

Madison

1st MOORE

CR2E083 (10/05)

4. FEI Number

30-0279970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HONEYWELL, CATHERINE J
1420 SW LEE STREET
MADISON FL 32340

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 MGRM ☐ Delete
NAME HONEYWELL, CATHERINE J
STREET ADDRESS 1420 SOUTHWEST LEE STREET
CITY-ST-ZIP MADISON FL 32340

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Honeywell, Catherine J
STREET ADDRESS 382 S.W. Lee Ave
CITY-ST-ZIP Madison, FL 32340

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

Catherine J. Honeywell 2-2-06 (850) 973-2837