## .2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

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## Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # L04000040166** 04-24-2006 90045 012 \*\*\*\*50.00 1. Entity Name KDJ & J 30TH STREET, L.L.C. Principal Place of Business Mailing Address 40057865 6201 CORTEZ RD. W 6201 CORTEZ RD. W BRADENTON, FL 34210 BRADENTON, FL 34210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 Chq-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 20-1190355 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COMPTON, JOHN M 1819 MAIN ST, STE 610 Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 City Zip Code FL 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. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE \_\_\_ Change TITLE ☐ Delete noitibhA 🗀 ODEN, KEVIN NAME STREET ADDRESS STREET ADDRESS 1510 CROCKER ST SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIF MGR Addition TITLE Delete TITLE ☐ Change ODEN. JAN NAME NAME STREET ADDRESS 62 TIDY ISLAND BLVD. STREET ADDRESS BRADENTON, FL 34210 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR Delete TITLE ☐ Change Addition HARDY, DANIEL NAME NAME STREET ADDRESS 8307 MARINA DR STREET ADDRESS HOLMES BEACH, FL 34217 CITY-ST-ZIP CITY-ST-7IP \_\_\_ Change TITLE MGR ☐ Delete TITLE ☐ Addition MCLAUGHLIN, JEFF NAME STREET ADDRESS 6201 CORTEZ WEST STREET ADDRESS BRADENTON, FL 34210 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE \_\_ Change Addition \_\_\_\_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

ER, MARAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

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Daytime Phone #

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