## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 14, 2005 8:00 am Secretary of State

DOCUMENT # L04000045595  1. Entity Name C.J. RESORTS, LLC						01-14-2005 9	90035 030 ***	**50.00
Principal Place	e of Business	Mailing Address					27. 3	, # ·
11 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435		11 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435						
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102005 Chg-LLC CR2E083 (10/03)			
City & State		City & State		4. FEI Numb 20-13			Applied For Not Applicable	
Zip	Country	Zip	Country			e of Status Desired	Fee Re	D Additional equired
,	6. Name and Address of Current I	Registered Agent	Now		7. Name and	Address of New R	egistered Agent	
DANIEL'S"	STEVEÑ L'ESQ.	Name		ne				
% ARNSTE	EIN'&'LEHR'LL'P ~	Street Addres			(P.O. Box Number is Not Acceptable)			
	EDERAL HWY., SUITE 462 FON, FL 33431							
			City		٠		FL Zip	Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered offic	e or register	red agent, or bo	oth, in the State of Fic	orida. I am familiar	with, and accept
SIGNATURE .	Signeture, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent s	agnature required	) when reinstaling)		DATE	
Fi Di	ling Fee is \$50.00 ue by May 1, 2005			-			e check payable Department of	
•								
9.	MANAGING MEMBE		10.	<del>.</del>		ADDITIONS		
TITLE .NAME	LANO, CHRISTOPHER	Delete	i title Name	-			Ch	nange 🗌 Addition
STREET ADDRESS CITY-ST-ZIP	11 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435		STREET ADORE CITY-ST-ZIP	ess				
TITLE	MGRM	☐ Delete	TITLE				Ch	nange 🔲 Addition
NAME Street Address	LANO, JANET		NAME STREET ADDRE	ree				i
CITY-ST-ZIP	11 OCEAN HARBOUR CIRCLE OCEAN RIDGE, FL 33435		CITY-ST-ZIP	:33				
TITLE		☐ Delete	TITLE				☐ Ch	nange 🗀 Addition
NAME Street Address			NAME STREET ADORE	rce				
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		→ Delete	TITLE				□ Ch	nange 🔲 Addition
NAME CTREET ADDRESS			NAME CIPCET ADODO	ree				
STREET ADDRESS CITY-ST-ZIP	43		STREET ADDRE CITY-ST-ZIP	133				
TITLE	Žių.	☐ Delete	TITLE				☐ Ch	nange 🗌 Addition
NAME Street Address			name Street addre	FSS				
CITY-ST-ZIP			CITY-ST-ZIP				•	
TITLE		☐ Delete	TITLE				<u></u> Ch	nange
NAME !			NAME					I
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	ESS				
11. I hereby	certify that the information supplied with	this filing does not qualify fo	r the exemption	stated in Se	ection 119.07(3	)(i), Florida Statutes.	I further certify that	t the information
limited lia	on this report is true and accurate and bility company or the receiver or trustee	tnat my signature shall have e empowered to execute this	tne same legal report as requir	effect as if n red by Chap	nade under oat ter 608, Florida	n; that I am a manaç Statutes.	ging member or mi	anager of the
	. 1/1	///_		M	00	. / /.		
SIGNAT	URE:	SIGNING MANAGING MEMBER 444	NACED OD ALTERO	III)	6K ENTATIVE	1/10/200	Daytime Pt	hone e
l		THE PERSON NAMED IN COLUMN TWO			AIIIL	LACKE	Lieryumie PT	M T T