2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000052753

1. Entity Name
A & J SULPHUR SPRINGS GP LLC

Principal Place of Business	Mailing Address
1920 E. HALLENDALE BEACH BOULEVARD SUITE 906 HALLANDALE, FL 33009	1920 E. HALLENDALE BEACH BOULEVARD SUITE 906 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

03152006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1777516

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIMMEL, JOSEPH BARRY ESQ
9400 S. DADELAND BOULEVARD, STE 600
MIAMI, FL 33156

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

H06000051794
05/01/06-80036-008 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	STERN, JEROME H
STREET ADDRESS	1920 E HALLANDALE BEACH BOULEVARD, STE 906
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	MGR
NAME	LIPSON, ARTHUR E
STREET ADDRESS	1920 E HALLANDALE BEACH BOULEVARD, STE 906
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ ARTHUR E. LIPSON MGR 4/14/06 954-454-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #