## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000059460 --

1. Entity Name
PJO VENTURES LLC



FILED Aug 24, 2006 08:00 Al Secretary of State

Principal Place of Business

8506 PARROTS LANDING DRIVE TAMPA, FL 33647

Mailing Address

P.O. BOX 49003 TAMPA, FL 33647



08172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 76-0764357 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, PAMELA P 8506 PARROTS LANDING DRIVE TAMPA, FL 33647

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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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## Filing Fee is \$50.00 Due by September 6, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, JAMES O 8506 PARROTS LANDING DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, PAMELA P 8506 PARROTS LANDING DRIVE TAMPA, FL 33647
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	•
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NAME STREET ADDRESS CITY-ST-ZIP	t certify that the information supplied with this filing does not qualit

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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:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER/OR AUTHORIZED REPRESENTAT

8/24 06 (13)335-7020

Davima Phone