


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/1

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90122 001 \*\*\*\*50.00

|                                      |   |
|--------------------------------------|---|
| <b>DOCUMENT # L04000067657</b>       |  |
| 1. Entity Name<br>BJ&T HOLDINGS, LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>622 BYPASS DRIVE, SUITE 100<br>CLEARWATER, FL 33764 | Mailing Address<br>622 BYPASS DRIVE, SUITE 100<br>CLEARWATER, FL 33764 |
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|  |  |
|--|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip |
|--|--|

30013129



08112006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
~~APPLIED FOR~~ 20-1684648 ☒ Applied For ☐ Not Applicable

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

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>LEISURE, JODI<br>622 BYPASS DRIVE, SUITE 100<br>CLEARWATER, FL 33764 |  |
|---|--|

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

Make check payable to  
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>TAMPA BAY PROPERTY MANAGEMENT<br>6014 US HWY 19 N., STE 150<br>NEWPORT RICHEY, FL 34652 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Tampa Bay Property Management<br>8249 Kristel Circle<br>Port Richey, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: Jamie K. Mick - Tampa Bay Prop. Mgr Date: 8/10/06 Daytime Phone #: 817-1415