


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90039 039 ****50.00

| | |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L04000071701 1. Entity Name JOSUJA, LLC |  |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|--------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business 7418 SEAGULL WAY TAMPA, FL 33635 | Mailing Address 7418 SEAGULL WAY TAMPA, FL 33635 |
|--------------------------------------------------------------------|--------------------------------------------------------|



03282006 No Chg-LLC

CR2E083 (11/05)

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|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number 20-1926900 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent AUNGST, JAMES C 7418 SEAGULL WAY TAMPA, FL 33635 |
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IN THIS SPACE**

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.

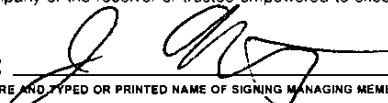
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|---------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO AUNGST, JAMES 7418 SEAGULL WAY → SEAGULL WAY TAMPA, FL 33635 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P AUNGST, SUSAN 10721 DONBRESE → DONBRESE TAMPA, FL 33615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C AUNGST, JOHN M 225 AQUARIUS CIRCLE N JACKSONVILLE, FL 32216 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/06 813 786 3072
Date Daytime Phone #