


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90041 039 \*\*\*\*50.00

|                                       |  |   |
|---------------------------------------|--|---|
| DOCUMENT # L04000072178               |  |  |
| 1. Entity Name<br>JUST YOU AND I, LLC |  |   |

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| Principal Place of Business<br>5448 DELEON LN<br>ELKTON, FL 32033 US | Mailing Address<br>5448 DELEON LN<br>ELKTON, FL 32033 US |
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60006060



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| 2. Principal Place of Business<br>11 Cadiz Street<br>Suite, Apt. #, etc. | 3. Mailing Address<br>11 Cadiz Street<br>Suite, Apt. #, etc. |
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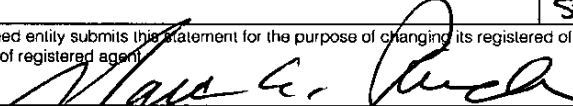
07052005 Chg-LLC CR2E083 (10/03)

|                                   |                                   |                             |                               |
|-----------------------------------|-----------------------------------|-----------------------------|-------------------------------|
| City & State<br>St. Augustine, FL | City & State<br>St. Augustine, FL | 4. FEI Number<br>11-3728374 | Applied For<br>Not Applicable |
| Zip<br>32084                      | Country<br>USA                    | Zip<br>32084                | Country<br>USA                |

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

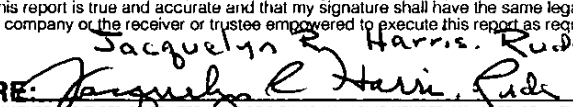
|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>BLACKBURN, DENNIS L<br>5150 BELFORT ROAD SOUTH<br>BUILDING 500<br>JACKSONVILLE, FL 32256 |  |
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|--|--|
| 7. Name and Address of New Registered Agent<br>Name Marc A. Rude<br>Street Address (P.O. Box Number is Not Acceptable)<br>11 Cadiz Street<br>City St. Augustine, FL Zip Code 32084 |  |
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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<br>   | DATE<br>7-7-05 |

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| Filing Fee is \$50.00<br>Due by September 7, 2005 | Make check payable to<br>Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>RUDE, MARC A<br>5448 DELEON LN<br>ELKTON, FL 32033 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>11 Cadiz Street<br>St. Augustine, FL 32084 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HARRIS-RUDE, JACQUELYN R<br>5448 DELEON LN<br>ELKTON, FL 32033 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>11 Cadiz Street<br>St. Augustine, FL 32084 |
| 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  |
| 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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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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<br>  | DATE<br>7-7-05 Daytime Phone # 904.824.5214 |