

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

May 13, 2005 8:00 am
Secretary of State

04-20-2005 90033 016 ****50.00

30006227



1st MOORE CR2E083 (10/04)

DOCUMENT # L04000073373 1. Entity Name LJM, LLC					
Principal Place of Business 3471 NORTH WEST 20TH STREET COCONUT CREEK FL 33066 US			Mailing Address 3471 NORTH WEST 20TH STREET COCONUT CREEK FL 33066 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MAURER, LAURIE J 3471 NORTH WEST 20TH STREET COCONUT CREEK FL 33066				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 reappointing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAURER, LAURIE J 3471 NORTH WEST 20TH STREET COCONUT CREEK FL 33066 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: _____			4/15/05 954-917-9234		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		