

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075057

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** TEEJAY VENTURES, LLC

**Current Principal Place of Business:**

1820 WEST 10TH STREET  
UNIT 3  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

1820 WEST 10TH STREET  
UNIT 3  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

**FEI Number:** 20-1799150      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRANT, DOROTHY L  
353 OSBORNE DRIVE  
PALM SPRINGS, FL 3461      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: SIMONS, THEODORE M  
Address: 444 33RD STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM      ( ) Delete  
Name: DILEGGE, JANICE S  
Address: 406 CAPISTRANO DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JANICE DILEGGE      MGM      04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date