

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082326

FILED
May 11, 2005
Secretary of State

Entity Name: EMJAY ENTERTAINMENT GROUP, LLC

Current Principal Place of Business:

821 SW 89 TERRACE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

821 SW 89 TERRACE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALTERS, MARLON J
821 SW 89 TERRACE
PLANTATION, FL 33324 US

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: P () Delete
Name: WALTERS, MARLON J
Address: 821 SW 89 TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: V () Delete
Name: WALTERS, SHERRINE L
Address: 821 SW 89 TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: V () Delete
Name: WALTERS, RAYMOND M
Address: 1166 ALABAMA AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

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

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: MARLON WALTERS

P

05/11/2005

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