


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000084527</b> 1. Entity Name FJ3 DEVELOPMENT, LLC	
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Principal Place of Business 10519 N.W. 67TH COURT PARKLAND, FL 33076	Mailing Address 10519 N.W. 67TH COURT PARKLAND, FL 33076
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**DO NOT WRITE IN THIS SPACE**



05112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-1919741</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DEPERSIO, JOHN  
10519 N.W. 67TH COURT  
PARKLAND, FL 33076

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

U00000564608  
05/20/06-80081-016 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEPERSIO, JOHN 10519 N.W. 67TH COURT PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STAMPONE, FREDERICK A 1017 HERKNESS DR MEADOWBROOK, PA 19046
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

5-1-06

Date

215-885-3512

Daytime Phone #