

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90049 005 \*\*\*\*50.00

30007834



1st MOORE

CR2E083 (10/04)

<b>DOCUMENT # L04000088123</b>	
1. Entity Name <b>MSJ, LLC</b>	



Principal Place of Business <b>C/O J. PAUL RAYMOND 625 COURT STREET SUITE 200 CLEARWATER FL 33756</b>	Mailing Address <b>C/O J. PAUL RAYMOND 625 COURT STREET SUITE 200 CLEARWATER FL 33756</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent  <b>RAYMOND, J. PAUL 625 COURT STREET SUITE 200 CLEARWATER FL 33756</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 re-issuing) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARK S. Klein</b> <input type="checkbox"/> Delete <b>1744 N. BELCHER RD Suite 200</b> <b>CLEARWATER, FL 33765</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STEVEN G. Klein</b> <input type="checkbox"/> Delete <b>1744 N. BELCHER RD Sub 200</b> <b>CLEARWATER, FL 33765</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOEL Traub</b> <input type="checkbox"/> Delete <b>1744 N. BELCHER RD Suite 200</b> <b>CLEARWATER, FL 33765</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] **4/29/05** **727-441-1951**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #