


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000089550 1. Entity Name STEVEN JAY LLC |  |
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| Principal Place of Business 1608 N.W. 23RD AVENUE FT LAUDERDALE, FL 33311 | Mailing Address 1608 N.W. 23RD AVENUE FT LAUDERDALE, FL 33311 |
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DO NOT WRITE IN THIS SPACE



01242006 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-1987573 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GUROWITZ, STEVEN 13195 BISCAYNE BAY DRIVE NORTH MIAMI BEACH, FL 33181 |
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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 May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GUROWITZ, STEVEN 13195 BISCAYNE BAY DRIVE NORTH MIAMI BEACH, FL 33181 |
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05/13/06-80107-007 50.00

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 606, Florida Statutes.

SIGNATURE:  **2/17/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #