2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000090751

1. Entity Name
PJD, LLC

Principal Place of Business	Mailing Address
2504 SE WILLOUGHBY BLVD. STUART, FL 34994	P.O. BOX 3 STUART, FL 34995

DO NOT WRITE IN THIS SPACE

01092006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2084744
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLIN, JEFFREY D
2504 SE WILLOUGHBY BLVD.
STUART, FL 34994

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 May 1, 2006

000001482087
03/21/06-80022-007 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CHAMBERLIN, JEFFREY D
STREET ADDRESS	2504 SE WILLOUGHBY BLVD.
CITY-ST-ZIP	STUART, FL 34994
TITLE	MGRM
NAME	POSTON, BRYAN A JR.
STREET ADDRESS	2504 SE WILLOUGHBY BLVD.
CITY-ST-ZIP	STUART, FL 34994
TITLE	MGRM
NAME	WHITE, ROBERT P
STREET ADDRESS	681 SW PINE TREE LANE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____, Manager 3/1/06 772-220-4096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #