LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000092949

1. Entity Name
J & J ACQUISITIONS, LLC

Principal Place of Business	Mailing Address
560 S.W. 15TH STREET BOCA RATON, FL 33432	560 S.W. 15TH STREET BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

01272008No Chg-LLC CR2E083 (12/07)

4. FEI Number
16-1714511

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

D'ONOFRIO, JOSEPH J
560 S.W. 15TH STREET
BOCA RATON, FL 33432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $535.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	D'ONOFRIO, JOSEPH J
STREET ADDRESS	560 SW 15 ST
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	PELEGNINO, JOSEPH
STREET ADDRESS	4849 NW 53RD CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000807766
02/07/08-80021-016 143.75

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: Pres. 1/23/08 561-859-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #