2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 15, 2006 8:00 am
Secretary of State
05-10-2006 90018 029 ****55.00

DOCUMENT # L04000094357

1. Entity Name
BJS & ASSOCIATES, LLC

Principal Place of Business	Mailing Address
1401 SOUTH OCEAN BLVD., UNIT 906 POMPANO BEACH FL 33062	1401 SOUTH OCEAN BLVD., UNIT 906 POMPANO BEACH FL 33062

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
1401 So. Ocean Blvd	1401 So. Ocean Blvd.
Suite, Apt. #, etc. Unit # 906	Suite, Apt. #, etc. Unit # 906
City & State Pompano Beach FL	City & State Pompano Beach FL
Zip 33062 Country USA	Zip 33062 Country USA

4. FEI Number 52-2448495 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name Beth MacArthur
Street Address (P.O. Box Number is Not Acceptable) 1401 So. Ocean Blvd # 906
City Pompano Beach FL Zip 33062

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 Beth A. MacArthur X [signature] DATE 5/1/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MACARTHUR, BETH A		NAME		
STREET ADDRESS	1401 SOUTH OCEAN BLVD., UNIT 906		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUCCELLATO, JEFFREY S		NAME		
STREET ADDRESS	1401 SOUTH OCEAN BLVD., UNIT 906		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Beth Mac[illegible]