

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90256 045 ****50.00

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1. Entity Name
CJR ENTERPRISES LLC



Principal Place of Business
15575 WOODMAR COURT
WELLINGTON, FL 33414-9053 US

Mailing Address
951 SW 4TH AVE
BOCA RATON, FL 33432-5803 US

40019306



02112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2207479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLAKESBERG, WILLIAM J CPA
951 SW 4TH AVE
BOCA RATON, FL, FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ROSEN, JACK J
15575 WOODMAR COURT
WELLINGTON, FL 334149053 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ROSEN, ANDREW L
13627 ISHNALA CIRCLE
WELLINGTON, FL 334147804 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JACK ROSEN

MGR

Date

3/17/06

561-750-8300

Daytime Phone #