


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90298 031 ****55.00

DOCUMENT # L05000020510				
1. Entity Name JULIUS ENTERPRISES, LLC				
Principal Place of Business 1719 HAYES STREET HOLLYWOOD, FL 33020-3635		Mailing Address 1719 HAYES STREET HOLLYWOOD, FL 33020-3635		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Zip		Country
				Country
6. Name and Address of Current Registered Agent CLIFFORD FRIEDMAN, CPA 5018 NW 102ND DRIVE CORAL SPRINGS, FL 33076				7. Name and Address of New Registered Agent
				Name Keye & Landi CPA'S
				Street Address (P.O. Box Number is Not Acceptable) 4208 N. 31 Ave. Suite 1
				City Hollywood FL Zip Code 33021
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 <u><i>Clifford Friedman</i></u> DATE 3/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACJAUSKAS, JULIUS 1719 HAYES STREET HOLLYWOOD, FL 330203635	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u><i>Jo Manjouskas</i></u>			Date 3/29/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>	

ATTACHMENT

KEYE & LANDI
CERTIFIED PUBLIC ACCOUNTANTS

4208 N. 31st AVENUE, SUITE 1
HOLLYWOOD, FLORIDA 33021

20025520
#L05000020510

CHARLES N. KEYE, C.P.A.
CATHERINE KEYE LANDI, C.P.A.

(954) 985-1120
FAX: (954) 985-1184
klecpa@bellsouth.net

April 3, 2006

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

RE: JULIUS ENTERPRISES, LLC
FEI: 74-3144185

To Whom It May Concern:

On behalf of the above referenced entity, we enclose completed 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT along with check in the amount of \$55.00 representing fee to file.

Sincerely,

Keye, Landi & Eising, CPAs

cc: Julius Enterprises, LLC