## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

## Apr 27, 2006 8:00 am Secretary of State DOCUMENT # L05000033823 1. Entity Name 04-27-2006 90013 003 \*\*\*\*50 00 TJ HOLDINGS, LLC Principal Place of Business Mailing Address 500 EAST BROWARD BOULEVARD, SUITE 1950 500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394 FORT LAUDERDALE, FL 33394 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222006 Cha-LLC CR2E083 (11/05) City & State 4. FEI Number City & State Applied For X Not Applicable Zip Country Country Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOYLE, CONRAD J Street Address (P.O. Box Number is Not Acceptable) MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394 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 egent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida, Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAMACCIO, ANTHONY JR. NAME NAME STREET ADDRESS 500 EAST BROWARD BLVD STE 1950 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33394 TITLE ☐ Delete Change TITLE 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADORESS 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 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 rate 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 or trystee empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and a limited liability company or the rec

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Daytime Phone #