


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-17-2006 90019 034 ****50.00

DOCUMENT # L05000042207					
1. Entity Name ILJ, LLC					
Principal Place of Business 2004 JOHNSON RD IMMOKALEE FL 34142			Mailing Address 2004 JOHNSON RD IMMOKALEE FL 34142		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 266 43 4956	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITESMAN, GUY E 1715 MONROE ST. FORT MYERS FL 33901			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 _____ (NOTE: Registered Agent signature required when furnishing) Signature, typed or printed name of representative agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	10. ADDITIONS/CHANGES	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<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 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 606, Florida Statutes.					
SIGNATURE: <i>Tracy Johnson, Manager</i>				Date: 2/7/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 239 657 3191	

Attachment



30002997

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

ILJ, LLC
2004 JOHNSON RD
IMMOKALEE, FL 34142

Subject: ILJ, LLC

Reference Number: L05000042207

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314

Attachment
30002997
#L05000042207

March 6, 2006

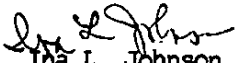
Fl Dept of State
P.O. Box 6478
Tallahassee, Fl. 32314

RE: ILJ, LLC L05000042207

Dear Sir:

In regards to our annual report your office returned I have put my social security number. The social security number of the beneficiary owner of a limited liability company is equivalent to a FEIN number and this entity is disregarded for federal tax purposes. Please contact us if further information is needed.

Sincerely,


Ina L. Johnson
2004 Johnson Rd.
Immokalee, Fl. 34142



ATTACHMENT

30602997

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2006

ILJ, LLC
2004 JOHNSON RD
IMMOKALEE, FL 34142

Subject: ILJ, LLC

Reference Number:

L05000042207

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION

ATTACHMENT

30002997

March 17, 2006

Florida Dept. of State
Div. of Corporations
P.O. Box 6478
Tallahassee, Fl. 32314

RE: L05000042207

Dear Sir:

As per my telephone conversation with your office attached is the correct annual report for filing.

I appreciate your assistance in this matter.

Sincerely,



Ina L. Johnson
ILJ, LLC
2004 Johnson Road
Immokalee, Fl. 34142