


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

01-17-2006 90059 022 ****50.00

DOCUMENT # L05000047324			
1. Entity Name BJ QUALITY HOMES LLC			
Principal Place of Business 108-05 LIBERTY AVE RICHMONDHILL, NY 11419		Mailing Address 108-05 LIBERTY AVE RICHMONDHILL, NY 11419	
2. Principal Place of Business <i>108-05 Liberty Ave</i>		3. Mailing Address <i>108-05 Liberty Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Richmond Hill NY</i>		City & State <i>Richmond hill NY</i>	
Zip <i>11419</i>		Country <i>Queens</i>	
Zip <i>11419</i>		Country <i>Queens</i>	
4. FEI Number <i>20-2842895</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGH, FRANK 419 LARGOVISTA DRIVE WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent Name <i>Frank Singh</i> Street Address (P.O. Box Number is Not Acceptable) <i>419 Largovista Drive</i> City <i>Winter Garden</i> FL Zip Code <i>34787</i>	
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 <i>Frank Singh</i> DATE <i>1/10/06</i> <small>(NOTE: Registered Agent signature required when remaining)</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	MGR SINGH, FRANK 5291 SW 14TH STREET PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SINGH FRANK 419 Largovista Drive Winty Garden FL 34787. <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
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
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
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: <i>Frank Singh</i> DATE <i>1/10/06</i> DAYTIME PHONE # <i>718 323-3538</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2006

BJ QUALITY HOMES LLC
108-05 LIBERTY AVE
RICHMONDHILL, NY 11419

Subject: BJ QUALITY HOMES LLC

Reference Number: L05000047324

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.

/CC
ANNUAL REPORTS SECTION