


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90018 036 \*\*\*\*50.00

<b>DOCUMENT # L05000059154</b>			
1. Entity Name LSJ, LLC			
Principal Place of Business 6500 SUNSET WAY, UNIT #414 ST. PETERSBURG BEACH, FL 33706		Mailing Address 6500 SUNSET WAY, UNIT #414 ST. PETERSBURG BEACH, FL 33706	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LITMAN, NEAL S PA GROVE PLAZA-SECOND FLOOR 2900 S.W. 28TH TERRACE COCONUT GROVE, FL 33133		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 reinstating)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAG. M. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LILLY SALCMAN M <input checked="" type="checkbox"/> Delete M 6500 SUNSET WAY 414 ST. PETERSBURG BEACH, FL 33706	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: <i>Lilly Salcmán</i>		Date: <i>9/8/06</i>	Daytime Phone #: <i>7273603035</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #



03212006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-459 7114** Applied For Not Applicable

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