

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90052 009 ****50.00

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1. Entity Name
Z&J ACQUISITIONS, LLC



Principal Place of Business
**9157 HIGHLAND RIDGE WAY
TAMPA, FL 33647**

Mailing Address
**9157 HIGHLAND RIDGE WAY
TAMPA, FL 33647**

20031392

2. Principal Place of Business

2060 34TH WAY NORTH

Suite, Apt. #, etc.

3. Mailing Address

2060 34TH WAY NORTH

Suite, Apt. #, etc.



03292006

Chg-LLC

CR2E083 (11/05)

City & State

LARGO FL

Zip

33771

Country

PINELLAS

City & State

LARGO FL

Zip

33771

Country

PINELLAS

4. FEI Number

20-3520459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARR, EDWIN W
9157 HIGHLAND RIDGE WAY
TAMPA, FL 33647**

7. Name and Address of New Registered Agent

Name **BARR, Edwin W**

Street Address (P.O. Box Number is Not Acceptable)

2060 34TH WAY NORTH

City **LARGO**

FL

Zip Code

33771

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

Edwin W Barr

Edwin W BARR PRESIDENT

3/29/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BARR INDUSTRIES, INC.**
STREET ADDRESS **9157 HIGHLAND RIDGE WAY**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2060 34TH WAY NORTH**
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Edwin W Barr

Edwin W BARR

3/29/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(727) 520-0714