2006 LIMITED LIABILITY COMPANY

FILED Apr 17, 2006 8:00 am

ANNUAL REPORT							Secretary of State					
DOCUMENT # L05000063866 1. Entity Name Z&J ACQUISITIONS, LLC									7-2006 90	-		
Principal Place of Business 9157 HIGHLAND RIDGE WAY TAMPA, FL 33647			Mailing Address 9157 HIGHLAN TAMPA, FL 33			20031392						
2. Principal P	lace of Business	·-	3. Mailing Addres	SS								
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	City & State LARGO FL		City & State				4. FEI Numb		- / / -	٠,٠		plied For
Zip	Country		Zip Zip	<u> </u>	ountry		20	- 55 4	2045			t Applicable
3377	1 PINEL		33771	Pin	JEILAS		5. Certificate	of Status	Desired		5.00 Add ee Require	
	6Name and Addres	s of Current F	Registered Agent				7. Name and	d Address	of New Reg	gistered A	gent	
BARR, EDWIN W 9157 HIGHLAND RIDGE WAY					Name Street A	BA ddress (F	RR, E	olwin per is Not A	در د (cceptable			
TAMPA, FI	L 33647				<u> </u>							
					2	0 60	347	" WA	y No	RIH		
					City	LAC	ر <i>و</i> ر			FL	Zip Cod	
8. The above	named entity submits this	s statement for	the purpose of cha	nging its regist	tered office or	register	ed agent, or bo	oth, in the S	tate of Florid	da. I am fa	miliar with,	and accept
the obligati	ions of registered agent.	1										·
SIGNATURE.	Signature, typed or printed name of	of registered agent as	nd title if applicable.	Edwin (NOTE: Regist	tered Agent signat.	SAL	When reinstating)	(251)	<u>~~</u>	3/2°	1/06	
SIGNATURE .	Signature, typed or printed name of	of registered agent as	nd title if applicable.	E dwind (NOTE: Regist	tered Agent signati	JA &	Men reinstating)	(45124	<u>~</u>	3/20 DATE	706	
Fi	Signature, typed or priviled name of the state of the sta	of registered agent as	nd title if applicable.	(NOTE: Regist	tered Agent signati	SAL ure required	when reinstating)	(45,7)	Make	check pa		•
Fi	iling Fee is \$50.00 ue by May 1, 2006		nd side if applicable.	(NOTE: Regist	tiered Agent signatu	SAL required	when reinstating)		Make Florida i	check pa Departme	yable to	
Pi Do	iling Fee is \$50.00 ue by May 1, 2006 MANA MGRM	GING MEMBER		(NOTE: Regist	tered Agent signat.	JA &	when reinstating)		Make	check pa Departme	yable to	Addition
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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. (727) 530-

JRE: FOLIN W BARR 3/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date SIGNATURE:

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