

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076509

Entity Name: GRJ LLC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

16500 COLLINS AVENUE
#2051
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

16500 COLLINS AVENUE
#2051
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 20-3246268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDMAN, GREGORY
16500 COLLINS AVENUE
#2051
SUNNY ISLE BEACH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FELDMAN, GREGORY
Address: 16500 COLLINS AVENUE #2051
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM () Delete
Name: GOIHMAN, RICHARD
Address: 16500 COLLINS AVENUE #2051
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM () Delete
Name: ZIGHELBOIM, JACOBO
Address: 16500 COLLINS AVENUE #2051
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREGORY FELDMAN

D

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date