

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103772

Entity Name: GB&J INVESTMENTS, LLC

FILED  
Mar 10, 2006  
Secretary of State

**Current Principal Place of Business:**

13803 SW 40TH STREET  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

13803 SW 40TH STREET  
DAVIE, FL 33330

**New Mailing Address:**

FEI Number: 20-3883244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHN, CHERIAN P  
13803 SW 40TH STREET  
DAVIE, FL 33330 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: JOHN, CHERIAN P  
Address: 13803 SW 40TH STREET  
City-St-Zip: DAVIE, FL 33330

Title: MGRM ( ) Delete  
Name: JACOB, MATHEW  
Address: 4980 SW 88TH TERRACE  
City-St-Zip: COOPER CITY, FL 33328

Title: MGRM ( ) Delete  
Name: KALATHUNGAL, GASPER J  
Address: 636 NW 1ST COURT  
City-St-Zip: HALLANDALE, FL 33009

**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: CHERIAN JOHN

MGRM

03/10/2006

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