


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90063 050 ****50.00

DOCUMENT # L05000103931 1. Entity Name A.N.J., LLC					
Principal Place of Business 4314 HARBOR WATCH LANE LUTZ, FL 33558			Mailing Address 4314 HARBOR WATCH LANE LUTZ, FL 33558		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; font-family: cursive;">3000814</div>  <div style="margin-top: 10px;"> 04072006 Chg-LLC CR2E083 (11/05) </div> <div style="margin-top: 5px;"> 4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-3654384</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"> Applied For Not Applicable </div> </div> <div style="margin-top: 5px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required </div>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent JOHNSON, DANIEL F TWIN LAKES PLAZA 31940 US 19 N. PALM HARBOR, FL 34684					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2008				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIFANTE, BROOKE 4314 HARBOR WATCH LANE LUTZ, FL 33558	<input type="checkbox"/> Delete		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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<div style="font-size: 1.5em; font-family: cursive;">4/12/06</div> <div style="font-size: 1.2em;">(813) 240-0807</div> <div style="margin-top: 5px;"> <small>Date Daytime Phone #</small> </div>	