

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 13, 2006 8:00 am
Secretary of State

02-21-2006 90176 046 ****50.00

DOCUMENT # L05000111398		
1. Entity Name BFJP 1300, LLC		

Principal Place of Business QTA C/O BARRY FINE 12845 N.W. 45TH AVENUE OPA LOCKA, FL 33054	Mailing Address QTA C/O BARRY FINE 12845 N.W. 45TH AVENUE OPA LOCKA, FL 33054
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30002333



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3833672	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 _____ DATE _____
(Signature required in printed name of registered agent and also if applicable. (NOTE: Registered Agent signature required when resigning))

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ☐ Delete BARRY H. FINE 5300 FAIRCHILD WAY, CORAL GABLES, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ☐ Delete JEROME POLANY 4900 SUNSET HARBOUR DRIVE #2012, MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Barry H. Fine Managing Member 1/13/06 3056879808

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