


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90140 024 ****50.00

DOCUMENT # L06000032705	
1. Entity Name THE GJT GROUP, LLC	

Principal Place of Business 6655 55TH ST N. BOX 15, UNIT 260 PINELLAS PARK, FL 33781	Mailing Address 6655 55TH ST N. BOX 15, UNIT 260 PINELLAS PARK, FL 33781
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60025377



2. Principal Place of Business - No P.O. Box # 5652 Bayview Drive Suite, Apt. #, etc.	3. Mailing Address 5652 Bayview Drive Suite, Apt. #, etc.
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03012007 Chg-LLC CR2E083 (12/06)

City & State Seminole, Fl	City & State Seminole, Fl.	4. FEI Number 204581909	Applied For <input type="checkbox"/> Not Applicable
Zip 33776	Country	Zip 33776	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$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
HINES, JAMES P 315 S. HYDE PARK AVENUE TAMPA, FL 33606	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager George Toccalino 5652 Bayview Drive Seminole, Fl. 33776 <input type="checkbox"/> Change <input checked="" 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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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: George Toccalino **Manager** George Toccalino **727-528-0178**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #