

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 23 PM 1:21

4/24

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L95000000920

TJ VENTURES, L.C.
2153 GAIL AVE
JACKSONVILLE BEACH FL 32250

1a. Principal Place of Business Address

626 MARSH LANDING PARKWAY
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

11/28/1995

FL

4. FEI Number

59-3348354

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

06/02/1997

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

ANDERSON, TRACINE
2610 MADRID ST.
JACKSONVILLE BEACH FL 32250

Name

Anderson, Tracine

Street Address (P.O. Box Number Is Not Acceptable)

110 Lake Vista Drive

Suite, Apt. #, etc.

Apt 1705

City

Porto Uedra

FL

Zip Code

32082

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

4/20/98

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ANDERSON, TRACINE	2153 GAIL AVENUE	JACKSONVILLE BEACH F

700002502277--B
-04/28/98--01025--006
****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Tracine Anderson

Date

Daytime Phone #

4/20/98 904 2737405