

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000000858**

1. Entity Name  
**FOUR J'S NAPLES REALTY, L.L.C.**



Principal Place of Business

**20 SEAGATE DRIVE  
1002 BEACH HOUSE  
NAPLES, FL 34103**

Mailing Address

**20 SEAGATE DRIVE  
1002 BEACH HOUSE  
NAPLES, FL 34103**



03132006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1539100**

Applied For  
Not Applicat.

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BEISER, DELORES J  
BEACH HOUSE  
20 SEAGATE DRIVE APT 1002  
NAPLES, FL 34103**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

|                |                              |
|----------------|------------------------------|
| TITLE          | MGRM                         |
| NAME           | JEFFREY G. BEISER AS TRUSTEE |
| STREET ADDRESS | 71 JOAN DR.                  |
| CITY-ST-ZIP    | FAIRFIELD, CT 06824          |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |

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04/19/06-80090-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Jeffrey G. Beiser*  
**JEFFREY G. BEISER**

*3/23/06*  
**3/23/06**

*903-820-829*  
**903-820-829**

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

Date

Daytime Phone #