

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90128 003 \*\*\*\*50.00

DOCUMENT # L99000004887

1. Entity Name

J & J'S BEACH PLACE, LLC



Principal Place of Business

20 CAMBRIA STREET  
CLEARWATER, FL 33767-1507

Mailing Address

7105 PELICAN ISLAND DRIVE  
TAMPA, FL 33634

**DO NOT WRITE IN THIS SPACE**



02212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

59-3590181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NORMAN, CHRISTOPHER H  
315 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606

**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	HIRSCHFELD, JOSEPH J TRUSTEE
STREET ADDRESS	7105 PELICAN ISLAND DRIVE
CITY-ST-ZIP	TAMPA, FL 33634

TITLE	MGRM
NAME	HIRSCHFELD, MARILYN C TRUSTEE
STREET ADDRESS	7105 PELICAN ISLAND DRIVE
CITY-ST-ZIP	TAMPA, FL 33634

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CITY-ST-ZIP	

**VOID**  
L99000004887  
03-10-2006 90128 003 50.00

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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: \_\_\_\_\_

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

Date

Daytime Phone #