


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L99000007448 1. Entity Name FOUR J'S INVESTMENT GROUP, L.L.C. |  |
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| Principal Place of Business C/O POMPANO BEACH MARINE CENTER 701 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 | Mailing Address C/O POMPANO BEACH MARINE CENTER 701 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 |
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04262005 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 65-0966096 | Applied For Not Applicable |
| 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 JOHNSON, JEROME A 701 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 |
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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, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM JOHNSON, JEROME A 2741 NE 11 STREET POMPANO BEACH, FL 33062 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM JOHNSON, JUNE 2741 NE 11 STREET POMPANO BEACH, FL 33062 |
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| <p>U00000350140 05/02/05-80092-018 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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11. I 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 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: Jerome A. Johnson 4-26-05 954-946-1450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #