2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001707

1. Entity Name
ANJOY ASSOCIATES, LLC

Principal Place of Business	Mailing Address
50 RESNIK ROAD PLYMOUTH, MA 02360	50 RESNIK ROAD SUITE 300 PLYMOUTH, MA 02360

DO NOT WRITE IN THIS SPACE

03242004No Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3395674

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELLIS, SETH E
2600 NORTH MILITARY TRAIL, SUITE 290
BOCA RATON, FL 33431

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000125380
04/22/04-80083-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ANDRADE, ANTONIO
STREET ADDRESS	168 GARRISON LANE
CITY-ST-ZIP	OSTERVILLE, MA 02655
TITLE	MGR
NAME	JOYAL, GARY F
STREET ADDRESS	12 PNSCILLA BEACH ROAD
CITY-ST-ZIP	PLYMOUTH, MA 02360
TITLE	MGRM
NAME	JOYAL, GARY F
STREET ADDRESS	12 PNSCILLA BEACH ROAD
CITY-ST-ZIP	PLYMOUTH, MA 02360
TITLE	MGRM
NAME	A & M ANDRADE FAMILY LIMITED PARTNERSHIP
STREET ADDRESS	168 GARRISON LANE
CITY-ST-ZIP	OSTERVILLE, MA 02360
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: GARY F. JOYAL 4/9/04 508 747-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #