


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90139 006 ****50.00

DOCUMENT # M05000001490		
1. Entity Name CJ FLORIDA ONE, LLC		

Principal Place of Business C/O JOHN D. DUMBAUGH, ESQ. 1900 RINGLING BLVD. SARASOTA, FL 34236	Mailing Address C/O JOHN D. DUMBAUGH, ESQ. 1900 RINGLING BLVD. SARASOTA, FL 34236
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20001946



2. Principal Place of Business 5917 Midnight Pass Rd	3. Mailing Address 5917 Midnight Pass Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01052006 Chg-LLC CR2E083 (11/05)

City & State Sarasota, FL	City & State Sarasota, FL
Zip 34242	Zip 34242
Country Sarasota	Country Sarasota

4. FEI Number 278-12-5422	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DUMBAUGH, JOHN D 1900 RINGLING BLVD. SARASOTA, FL 34236	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOFINO, CHARLES J 420 BEACH ROAD, #809 SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

1 941-346-7499