

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90426 047 *****55.00

DOCUMENT # M05000002317

1. Entity Name

C.J.P. ABSTRACT LLC



Principal Place of Business

1238 AQUILA LOOP
CELEBRATION FL 34747

Mailing Address

1238 AQUILA LOOP
CELEBRATION FL 34747

2. Principal Place of Business

610 Sycamore ST

3. Mailing Address

152 McClean Ave

Suite, Apt. #, etc.

Suite 350

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Celebration FL

City & State

Staten Island NY

4. FEI Number

72-1533949

Applied For

Not Applicable

Zip

34747

Country

Oceola

Zip

10305

Country

Kings

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOMBINO, JAMES
1238 AQUILA LOOP
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

Name Jennifer E. Simmons

Street Address (P.O. Box Number is Not Acceptable)

2003 West Hyde Drive

City Deltona

FL

Zip Code 32738

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BOMBINO, JAMES
STREET ADDRESS 152 MCCLEAN AVE.
CITY-ST-ZIP STATEN ISLAND NY 10305

TITLE MGR ☐ Delete
NAME BOMBINO, PATRICK
STREET ADDRESS 152 MCCLEAN AVE.
CITY-ST-ZIP STATEN ISLAND NY 10305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James Bombino James Bombino

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

Date

Daytime Phone #

917-690-4540