## 2006 I IMITED LIARII ITY COMPANY

## **FILED** May 01 2006 08:00 AM

ANNUAL REPORT				Secretary of State		
DOCUMENT # M05000005537  1. Entity Name B&J DEVELOPMENT LLC		005537		Secretary of State		
Principal Place 212 EAST TH CINCINNATI,	ARD STREET STE 300	Mailing Address  – 212 EAST THIRD STRE CINCINNATI, OH 4520			RIAN ANDRA BRIDGE SKIR SERBERT IK REEL	
				04192008 No Chg-LLC CI	R2E083 (11/05)	
DO NOT WRITE IN THIS SPAC			PACE	4. FEI Number 31-6166404  5. Certilicate of Status Desired	Applied For Not Applicable \$5.00 Additional Fee Required	
<u> </u>	6. Name and Address of Cu	rrent Registered Agent				
HAFELE, DALE G 7500 COLLEGE PARKWAY FORT MYERS, FL 33907				DO NOT WRITE IN THIS SPACE		
the obligat	named entity submits this statem tions of registered agent. Signature typed or printed name of registere  lifting Fee is \$50.00 to by May 1, 2006		registered office or regist  — E: Registered Agent signature requi	tered agent, or both, in the State of Florida. I	l em lamiliat with, and accept	
9.	MANAGING M	EMBERS/MANAGERS				
RITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MGR NAP MANAGEMENT LLC		_	U00000547. 05/12/06-800	102 10-023 50.00	
NAME STREET ADDRESS CITY-ST-ZIP  NISTE NAME STREET ADDRESS CITY-ST-ZIP  TISTE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NISTE				DO NOT WRI		
NAME CONTINUE ADDRESS	)					

11. I hereby certify that the information supplied with this fitting 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 it made under cath, that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

URE: SIGNATURE AND TYPED OR PRINT

CITY-ST-ZIP

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