

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015881

1. Entity Name

BAJJ REALTY LLC

FILED

01 APR 16 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1318 S.E. 2ND AVE
FT. LAUDERDALE FL
33316

Mailing Address
7241 SW 6 ST.
PLANTATION, FL 33317

2. Principal Place of Business
1318 S.E. 2ND AVE
Suite, Apt. #, etc.

3. Mailing Address
7241 SW 6 ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE FL

City & State
PLANTATION FL

4. FEI Number
65-1077021

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ARTHUR H. GREENBERG
7241 SW 6 ST
PLANTATION, FL 33317

7. Name and Address of New Registered Agent

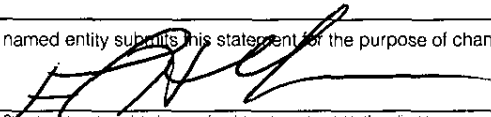
Name

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.


SIGNATURE  DATE 4/12/01

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ARTHUR H. GREENBERG 7241 S.W. 6 ST PLANTATION FL 33317 <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	MANAGER JOAN GREENBERG 7241 SW 6 ST PLANTATION, FL 33317 <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	500004034945-3 <input type="checkbox"/> Change <input type="checkbox"/> Addition -04/20/01--01047--007 *****50.00 *****50.00
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
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
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 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:  DATE 4/12/01 DAYTIME PHONE # 954-761-7117

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

CR2E063 (1/1/00)