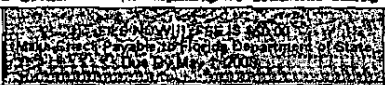


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000009982			
1. Entity Name LJG PROPERTIES, LLC			
Principal Place of Business 5450 S. STATE ROAD 7, STE. 8 FT LAUDERDALE, FL 33314		Mailing Address 5450 S. STATE ROAD 7, STE. 8 FT LAUDERDALE, FL 33314	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2 SOUTH UNIVERSITY BL # 327	
City & State PLANTATION, FL		City & State PLANTATION, FL	
Zip 33324	Country USA	4. FEI Number 43-1959463	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GREENWALD, DR. BRETT 5450 S. STATE ROAD 7, STE. 8 FT LAUDERDALE, FL 33314		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 changing agent.			
DATE			
9. MANAGING MEMBERS/MANAGERS			
TITLE MGR	NAME GREENWALD, DR. BRETT	☐ Delete	
STREET ADDRESS 5450 S. STATE ROAD 7, STE. 8			
CITY-ST-ZIP FT LAUDERDALE, FL 33314			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
10. ADDITIONS/CHANGES			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.			
SIGNATURE:  4/29/03			
SIGNATURE AND TITLE OF PERSON MAKING REPORT, MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE			