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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	Mailing Address
5450 S. STATE ROAD 7, STE. 8 FT LAUDERDALE, FL 33314	~~5450 S. STATE ROAD 7, STE. 8~~ ~~FT LAUDERDALE, FL 33314~~

2. Principal Place of Business	3. Mailing Address
	2 SOUTH UNIVERSITY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 327
City & State	City & State PLANTATION, FL
Zip / Country	Zip 33324 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 43-1959462 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREENWALD, DR. BRETT 5450 S. STATE ROAD 7, STE. 8 FT LAUDERDALE, FL 33314	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 ______ DATE

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GREENWALD, DR. BRETT 5450 S. STATE ROAD 7, STE. 8 FT LAUDERDALE, FL 33314 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)