


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90023 023 \*\*\*\*50.00

**DOCUMENT # L02000029501**

1. Entity Name  
**HAJA PROPERTIES, L.L.C.**



Principal Place of Business      Mailing Address  
**5290 FAR OAK CIRCLE**      **5290 FAR OAK CIRCLE**  
**SARASOTA, FL 34238**      **SARASOTA, FL 34238**

**20038028**



2. Principal Place of Business      3. Mailing Address  
**404 Bayshore Dr.**      **404 Bayshore Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

03292005    Chg-LLC    CR2E083 (10/03)

City & State      City & State  
**Osprey, FL**      **Osprey, FL**

Zip      Country      Zip      Country  
**34229**           **34229**      -

4. FEI Number      Applied For  
**NOT APPLICABLE**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MAZZARANTANI, GEORGE H**  
**GEORGE H. MAZZARANTANI PA**  
**777 S PALM AVE STE 2**  
**SARASOTA, FL 34236**

**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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIDOLIN, JOHN PAUL 5290 FAR OAK CIRCLE SARASOTA, FL 34238 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Vidolin, John Paul 404 Bayshore Dr. Osprey, FL 34229 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:** John Paul Vidolin      Date 4-11-05      Daytime Phone # 841-487-1221  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE