

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003494

**FILED**  
**Mar 09, 2004**  
**Secretary of State**

**Entity Name:** SHEJAZ INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

791 CRANDON BOULEVARD, OCEAN TOWER TWO  
UNIT 1001  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

791 CRANDON BLVD.,  
OCEAN TOWER TWO, UNIT 1001  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

791 CRANDON BOULEVARD, OCEAN TOWER TWO  
UNIT 1001  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

791 CRANDON BLVD.  
OCEAN TOWER TWO, UNIT 1001  
KEY BISCAYNE, FL 33149

**FEI Number:** 65-1114245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE, SUITE 900  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: VENTURA, VIVIAN  
Address: 791 CRANDON BOULEVARD, OCEAN TOWER TWO  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VENTURA, VIVIANE  
Address: 791 CRANDON BLVD., UNIT 1001  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: VIVIANE VENTURA

MGRM

03/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date