

Mar. 3. 2004 4:32PM

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90213 023 ****50.00

DOCUMENT # L02000015145			
1. Entity Name OJUS PARK LLC			
Principal Place of Business 21010 W. DIXIE HWY AVENTURA, FL 33180		Mailing Address 21010 W. DIXIE HWY MIAMI, FL 33180	
2. Principal Place of Business 19941 NE 23 Ave.		3. Mailing Address 19941 NE 23 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33180		Zip 33180	
Country		Country	
4. FEI Number 33-1012263		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENSPAN, STEVEN A. 19495 BISCAYNE BLVD., SUITE 400 AVENTURA, FL 33180		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NO I.E. Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR MARIANOWSKY, JAYIR 21010 W. DIXIE HWY MIAMI, FL 33180		TITLE NAME STREET ADDRESS CITY - ST - ZIP MARIANOWSKY JAYIR 19941 NE 23 AVE MIAMI FL 33180	
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 03/07/04 Daytime Phone #	