


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90076 049 ****50.00

DOCUMENT # L02000029501	
1. Entity Name HAJA PROPERTIES, L.L.C.	

Principal Place of Business 5290 FAR OAK CIRCLE SARASOTA, FL 34238	Mailing Address 5290 FAR OAK CIRCLE SARASOTA, FL 34238
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04162004 Chg-LLC CR2E083 (10/03)

City & State	City & State	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MAZZARANTANI, GEORGE H.
240 SOUTH PINEAPPLE AVENUE 10TH FL
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name **George H. Mazzarantani, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
**George H. Mazzarantani, P.A.
777 S. Palm Avenue, Suite 2**
City **Sarasota** FL Zip Code **34236**

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 **4/24/04**
Signatures, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when reselecting)

**Filing Fee is \$30.00
Due by May 1, 2004**

**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	<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
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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* **4-19-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #