


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		10. ADDITIONS/CHANGES	
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	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 # 846-487-1221
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE