

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082395

Entity Name: FMJ RENOVATIONS, LLC

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

16969 NW 67TH AVE  
200  
MIAMI, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

16969 NW 67TH AVE  
200  
MIAMI, FL 33015

## New Mailing Address:

FEI Number: 20-5416042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMIREZ, MIGUEL A  
16969 NW 67TH AVE  
200  
MIAMI, FL 33015 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/MANAGERS:

Title: MGRM ( ) Delete  
Name: RAMIREZ, MIGUEL A  
Address: 16969 NW 67TH AVE SUITE 200  
City-St-Zip: MIAMI, FL 33015

Title: MGRM ( ) Delete  
Name: RAMIREZ, JOSE A  
Address: 16969 NW 67 AVE SUITE 200  
City-St-Zip: MIAMI, FL 33015

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, FRANCISCO J  
Address: 16969 NW 67TH AVE SUITE 200  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MIGUEL A RAMIREZ

MGRM

04/30/2007

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