

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90269 011 ****55.00

DOCUMENT # L00000008500

1. Entity Name

YOUR RESORT ZJ, LLC



DO NOT WRITE IN THIS SPACE

24025040

2. Principal Place of Business

2637 E. Atlantic Blvd

3. Mailing Address

2637 E. Atlantic Blvd

Suite, Apt. #, etc.

272

Suite, Apt. #, etc.

272

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-1024781

Applied For

Not Applicable

Zip

33062

Country

Zip

33062

Country

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Yehia, Zakaria

Street Address (P.O. Box Number is Not Acceptable)

2637 E. Atlantic Blvd

272

City

Pompano Beach

FL

Zip Code

33062

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

3-15-2004

DATE *3*

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*P
Zakaria Yehia
2637 E. Atlantic Blvd # 272
Pompano Beach, FL 33062*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*TS
John Harvie
2637 E. Atlantic Blvd # 272
Pompano Beach, FL 33062*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-15-2004