

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90030 008 ****50.00

DOCUMENT # L00000008500 1. Entity Name YOUR RESORT ZJ, L.L.C.			
Principal Place of Business 7080 ENVIRON BLVD PHASE II BLDG 3,523 FORT LAUDERDALE, FL 33319		Mailing Address 7080 ENVIRON BLVD PHASE II APT 523 FORT LAUDERDALE, FL 33319	
2. Principal Place of Business - No P.O. Box # 7400 Radice Ct Suite, Apt. #, etc. Suite 409 City & State Lauderhill, FL Zip 33319 Country Broward		3. Mailing Address 7400 Radice Ct Suite, Apt. #, etc. Suite 409 City & State Lauderhill FL Zip 33319 Country Broward	
4. FET Number 65-1024781		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. 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.	
7. Name and Address of Current Registered Agent YEHIA, ZAKARIA 7080 ENVIRON BLVD PHASE 11 APT 523 FORT LAUDERDALE, FL 33319		7. Name and Address of New Registered Agent Name YEHIA, ZAKARIA Street Address (P.O. Box Number is Not Acceptable) 7400 Radice Ct Suite 409 City Lauderhill FL Zip Code 33319	
SIGNATURE <i>[Signature]</i> ZAKARIA Yehia 4-20-07 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating)		Filing Fee is \$50.00 Due by May 1, 2007	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P NAME ZAKARIA, YEHIA STREET ADDRESS 7080 ENVIRON BLVD PHASE 11 APT 523 CITY-ST-ZIP FORT LAUDERDALE, FL 33319	☐ Delete	TITLE NAME ZAKARIA-Yehia STREET ADDRESS 7400 Radice Ct. Suite 409 CITY-ST-ZIP Lauderhill, FL 33319	☒ Change ☐ Addition
TITLE NAME TS HARVIE, JOHN V STREET ADDRESS 7080 ENVIRON BLVD PHASE 11 APT 523 CITY-ST-ZIP FORT LAUDERDALE, FL 33319	☐ Delete	TITLE NAME HARVIE John V STREET ADDRESS 7400 Radice Ct Suite 409 CITY-ST-ZIP Lauderhill, FL 33319	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>[Signature]</i> John V Harvie 4-20-07 954 673 3600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	