

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90271 015 *****50.00

0010383

DOCUMENT # L00000013409

1. Entity Name

LEJAME TECHNICAL SERVICES, L.L.C.



Principal Place of Business

8520 SHERMAN CIRCLE N. #402
MIRAMAR FL 33025

Mailing Address

P.O. BOX 245806
PEMBROKE PINES FL 33024

2. Principal Place of Business

1580 Sawgrass Corp. Parkway

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

6. Name and Address of Current Registered Agent

MESSAM, LEIGHTON A
7240 TROPICANA ST.
MIRAMAR FL 33023

Name

Leighton A. Messam

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

1452 SW 116 Avenue

Pembroke Pines

City

FL

Zip Code

33025

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.

(NOTE: Registered Agent signature required when reinstating)

4/28/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MESSAM, LEIGHTON	
STREET ADDRESS	8520 SHERMAN CIRCLE N #402	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	SMART, KENNETH A	
STREET ADDRESS	20106 N.W. 28 CT.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOWARD, HARVEY V	
STREET ADDRESS	8250 NW 36 STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leighton Messam	
STREET ADDRESS	1452 SW 116 Avenue	
CITY-ST-ZIP	Pembroke Pines, FL, 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/28/03 954-431-6350
Date Daytime Phone #

CR2E083 (10/02)