FILED Jun 10, 2002 8:00 am Secretary of State 04-22-2002 90242 012 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100	0012954			7			
DAJ, LLC		V					
DO NOT WRI	TE IN THIS	SPAC	CE		.4		
2. Principal Place of Business			\dashv		92007		
3665 BEE RIDGE ROAD Suite, Apt. #, etc.	RIDGE	DGE ROAD		92001			
SUITE 310 SUITE 310					DO NOT WRITE IN THIS SPACE		
City & State SARASOTA FI.	City & State	-			4. FEI Number Applied For		
Zip Country	SARASOTA,	Cour	ıtry		1129152	. Not Applicat	ole
34233	34233		· · · · · · · · · · · · · · · · · · ·		cate of Status Desired	\$5.00 Additional Fee Required	1
DO NOT			Name		nd Address of Current Regist	ered Agent	7
DO NOT WRITE			Street Address (INA C. MCSWEENEY (P.O. Box Number is Not Acceptable)			4
IN THIS S	SPACE						
			366 City	5 BEE	RIDGE ROAD	SUITE 310	
3. The above named come submits this statemen	int facility			ASOTA		L 34233	7
The above named epith submits this stateme	rill for the purpose of changing	j its registere	d office or register	ed agent, or	both, in the State of Florida.		٦
SIGNATURE Signature, typod or printed name of registered a	gent and title if acceptable						
		FEE IS	50 00		CA1	E	
Make Check Pa		Payable to	yable to Department of				
MANACING MEN	57.74	DUE BY	MAY 17	- 1			
TILE MANAGING MEMBER	MBERS/MANAGERS -	TITLE					┨_
TREET ADDRESS CARRION, JAIME	S.	NAME					201
N-ST-ZP B665 BEE RIDGE	ROAD #310	STREET CITY-S	ADDRESS TAZIP				E
SARASOTA, FL 3	4233	TITLE					CR2E083B (12/01)
ME REET ADDRESS	:	NAME					12/2
Y-ST-ZIP		CITY-5	ADORESS 1-21P				
LE		TITLE		<u></u>		-	-
EET ADDRESS		NAME STREET	annores		- 		
7-51-20-		CITY-57	,-	D-D	O NOT WR	TE	
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EET ADDRESS !-ST-ZIP		NAME Street a	DORESS	•••	TING SPA	CE	
E		CITY-ST	-ZIP				
u∈		TITLE		_			l
ET ADDRESS - ST- ZIP		STREET A	DDRESS				
	-	CITY-ST-	ZIP				
E		TITLE NAME					
ET ADDRESS ST-ZIP		STREET AL				ł	
hereby certify that the information supplied wit	h this filing does not qualify for	City-St-	On Stated in Section	a 110 03:4:			
I hereby earlify that the information supplied with indicated on this report is true and accurate and limited liability company or the receiver or trusted.	that my signature shall have the empowered to execute this i	the same leg report as red	al effect as if made uired by Chanter A	ri i 19.07(3)(3 under path 308. Florida 1	 i). Florida Statutes. I further cent that I am a managing member 	ify that the information or or manager of the	
			, onepiel C	vo, i vilua :	natules.	<u> </u>	
SNATURE:			AIME S.	CARRT	ON 3728/02 94	1 000	
	MICHING MANAGING MEMBER, MAN	AGER, OR AUTH	ORIZED REPRESENTAT	WE	Dono Do	1-923-4551	