## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

and december 1882 and 1882 per filter because the december of the control of the control of the control of the

## DOCUMENT # L01000015045

1. Entity Name

ILJ, L.L.C.

**FILED** Feb 21, 2003 8:00 am Secretary of State 01-29-2003 90061 016 \*\*\*\*50.00

rincipal Place	e of Business		Mailing Address						•		
5 jersey sti Ke placid fi			10436 EAST POŠADA AVENUE MESA AZ 85212								
Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
							4 FFI Number 50-2744047 Applied For				
City & State			City & State		'	4. FEI Number	59-3744017	<u> </u>	No	t Applicable	
Zip	Country		Zip Count		try		5. Certificate of Status Desired Span Required \$5.00 Additions				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
HINALDO, WILLIAM J					Names F. MCCOLLUM , P.L.						
129	SOUTH COMMER				Street Add	ldress (P.C	(P.O. Box Number is Not Acceptable)				
MCCOLLUM & RINALD, P.A. SEBRING FL 33870						s. c	ommerce	Avenue			
					City Se	brin	g		FL	Zip Code 33870	e )
. The above	named entity submit	s this statement for	the purpose of changing its	registere	ed office or r	registered	agent, or both,	in the State of Flori	da. I am f	amiliar with,	and accept
the obligati	ons of registered ag						1_3	23-03	ų. 		
GNATURE -	: Registere	d Agent signature	re required wh	nen reinstating)		DATE	<u></u>	<del></del>			
			Make Check Payabl	e to Fi	FEE IS \$5 orida Depa ay 1, 2003	artment	of State		-		
	M	ANAGING MEMBE		efficient (21)		- 5 8 52 3 PH .	ADDITIONS/C	HANGES	<del></del>		
ITLE	MGR		☐ Delete	10.	<u> </u>					☐ Change	Addition
AME	PRITCHETT, JUI			NAM							1
TREET ADDRESS 10436 EAST POSADA AVENUE MESA AZ 85212			•		ET ADORESS -ST-ZIP						j
ITLE	WILON AL GOLIE		☐ Delete	ŤIŤLI	E					Change	☐ Addition
AME				NAM	- 1						
TREET ADDRESS ITY-ST-ZIP			الما الراد بالداري ( ) الماليج بالمام ليبيث الحال . ا		ET ADDRESS   -ST-ZIP					· · · <u> </u>	
ITLE			☐ Delete	TITL	E				,	☐ Change	☐ Addition
AME	•		•	NAM							
TREET ADDRESS	•				ET ADDRESS -ST-ZIP						
ITLE			☐ Delete	TITL	E			· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
IAME				NAM	- 1						
TREET ADDRESS					ET ADDRESS -ST-ZIP						ŀ
TITLE			☐ Delete	TITU	E		·····	<del></del>		☐ Change	Addition
NAME				NAM		. '					
Street Address City-St-Zip	£				EET ADDRESS '-ST-ZIP			<del>-</del>			· ]
TITLE		•	Delete	ĦΤL						☐ Change	☐ Addition
NAME				NAM							
STREET ADDRESS					EET ADDRESS '-ST-ZIP						
ITY-ST-ZIP	L			VIII	<u> </u>						

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.

480-984-3267