05-05-2003 92167 023 ***150.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -9 PM 3:21

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020311

1. Entity Name
BGJ INVESTMENTS LLC

Principal Place of Business	Mailing Address
10180 SW 88 STREET APT. 407 MIAMI, FL 33176	10180 SW 88 STREET APT. 407 MIAMI, FL 33176

2. Principal Place of Business	3. Mailing Address
	4960 SW 72 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. 301
City & State	City & State Miami, Fl.
Zip / Country	Zip 33155 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number — [X] Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDWARDS, DEBORAH MORDEC 4960 SW 72 AVE. #301 MIAMI, FL 33155	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JENOURE, BARRY G 10180 SW 88 STREET MIAMI, FL 33176 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EDWARDS, OWEN 4253 SW 71 AVE MIAMI, FL 33155 ☐ 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
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CR2E083 (10/02)

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 #