

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90585 049 \*\*\*\*55.00

**DOCUMENT #** L01000021583  
1. Entity Name  
LJT, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
360 ARVIDA PARKWAY  
Suite, Apt. #, etc.

3. Mailing Address  
360 ARVIDA PKWY  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CORAL GABLES, FL.

City & State  
CORAL GABLES, FL.

Zip  
33156

Country  
DADE

Zip  
33156

Country  
DADE

4. FEI Number  
267-66-5038

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CORPORATE ACCTS, INC.

Street Address (P.O. Box Number is Not Acceptable)  
236 EAST 6TH AVE

City  
TALLAHASSEE FL Zip Code  
32303

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>R. JAFFRO</del> MANAGING MEMBER L. JAMES TEPER 360 ARVIDA PARKWAY CORAL GABLES, FL. 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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: *L. James Teper, managing member* 4/29/02 205-679-6661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)