

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005041

**FILED**  
**Feb 10, 2005**  
**Secretary of State**

**Entity Name:** GAJ, LLC

**Current Principal Place of Business:**

3901 ISLAND ESTATES DR.  
AVENTURA, FL 33160

**New Principal Place of Business:**

2750 NE MIAMI GARDENS DRIVE  
SUITE 300  
AVENTURA, FL 33160

**Current Mailing Address:**

PO BOX 601011  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

2750 NE MIAMI GARDENS DRIVE  
SUITE 300  
AVENTURA, FL 33160

FEI Number: 41-2046864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHNEIDER, HARVEY ESQ.  
1900 NW CORPORATE BLVD., SUITE 301 WEST  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

SCHNEIDER, HARVEY ESQ.  
2750 NE MIAMI GARDENS DRIVE  
SUITE 300  
AVENTURA, FL 33160 US

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: HARVEY SCHNEIDER, ESQ.

02/10/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: COLMEN, GARY  
Address: 3922 ISLAND ESTATES DR  
City-St-Zip: AVENTURA, FL 33160

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COHEN, GARY  
Address: 2750 NE MIAMI GARDENS DRIVE, STE 300  
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GARY COHEN

MGR

02/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date