2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FRANK

SIGNATURE:

Feb 04, 2004 08:00 AM DOCUMENT# L02000007072 Secretary of State 1. Entity Name 4 F.J.M. INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 2220 NORTH UNIVERSITY DRIVE 2220 NORTH UNIVERSITY DRIVE SUNRISE FL 33322 SUNRISE FL 33322 2. Principal Place of Business 3. Mailing Address Suite. Apt # etc. Suite, Apt #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 01-0653978 Not Applicable Zip Country Zηρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MACRINI, FRANK 2220 N. UNIVERSITY DRIVE Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33322 City 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 SIGNATURE Signature, typod or printed name of registered agent and take if applicable (NOTE, Pegisterod Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM TITLE ☐ Change ☐ Addition Delete MACRINI, FRANK J NAME NAME U00000034741 STREET ADDRESS 2220 NORTH UNIVERSITY DRIVE STREET ADDRESS 02/05/04-80096-002 55.00 CITY-57-23P SUNRISE FL 33322 CITY-ST-ZP TITLE Delete THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 1133.E Defele 3311.5 Свавое Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE Defete 7171.E Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TSSEE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST- ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutës. 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. FRANK MACRIN MACRIN MACRIN Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report is true and a course 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.

MANAGING MONGER

FILED