2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2003 8:00 am Secretary of State

3/1

DOCUMENT # L02000012583 1. Entity Name AFJA INVESTMENT, LLC				03-18-2003 90149 038 ****50						
Principal Plac	e of Business	Mailing Address			7		-			
8871 BLACK N ORLANDO FL	8671 BLACK MESA DRIVE ORLANDO FL 32829						14:84 (st. sau.			
2 Principal F	Place of Business	3 Mailing Address	Mailing Address							
						FOSE BUS WERTIN CLUTE BOTTO ONLY ONSSTUDIES UNIS	1 11319 01801 Bilbi	IJ193 (IJ): 1887		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State		4. FEI Nun	nber -36-3940		pplied For lot Applicable	-	
Zip	Country Zip		Coun	ntry	5. Certifica	ite of Status Desired	\$5.00 Ac		7	
	6. Name and Address of Curren	t Registered Agent	<u></u>		, 7. Name a	nd Address of New Registers	<u>-</u>	·	<u>-</u>]	
MONAYARJI, ABOUD 8671 BLACK MESA DRIVE ORLANDO FL 32829				Name ====	~_					
				Street Address	eet Address (P.O. Box Number is Not Acceptable)					
. UNL	ANDO PL 32029]	
				City		F	Zip Coo	de]	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	règistere	ed office or registe	ered agent, or b	ooth, in the State of Florida. I a	n familiar with	, and accept]	
SIGNATURE .	Signature, typed or printed name of registered agen	ar and title if epplicable. (NOT	E: Registered	d Agent signature require	d when reinstating)	DATE				
FILE NOW!				FEE IS \$50.00					7	
Make Chec				orida Departme ay 1, 2003	ent of State					
9.	MANAGING MEMB		10.			ADDITIONS/CHANGI	ES		-	
TITLE	MGRM .	☐ Delete	TITLE				☐ Change	☐ Addition	18	
NAME	MONAYARJI, ABOUD		NAM	E					15	
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - - ST-ZIP					18	
TITLE	ORLANDO FL 32829	☐ Delete	TITLE				Change	Addition	CR2E083 (10/02)	
NAME		□ Delette	NAME				☐ Change	Monthon	Ö	
STREET ADDRESS			STRE	ET ADDRESS	•	:				
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,			- ST - ZIP					1	
TITLE	□ Celete				مستدسرة فغيت	A STATE OF THE STA	Change	_ Addition		
STREET ADDRESS			MAM	ET ADORESS					i	
CITY-ST-ZIP	•	•		ST-ZIP					1	
TITLE		☐ Delete	TITLE				☐ Change	Addition	1	
NAME		•	NAME	:		•			1	
STREET ADDRESS				ET ADDRESS					l	
CITY-ST-ZIP		——————————————————————————————————————	+	ST-ZIP				- Addes	1	
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition	}	
STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP			США-	ST-ZIP						
TITLE	· · · - · ·	☐ Delete	TITLE				☐ Change	☐ Addition	Ì	
NAME			NAME			•		İ		
STREET ADDRESS CITY-ST-ZIP		•		ST-ZIP						
44 I bosetive		N 1 (2)	E CHITT	U		VON Plantide Ones and Advantage	21 1 1 1 1		l	

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: CONTRED

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #