

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90006 046 \*\*\*\*50.00

**DOCUMENT # L02000013572**

1. Entity Name

**LAJE, LLC**



Principal Place of Business

Mailing Address

**8151 PETERS ROAD, SUITE 3300  
PLANTATION FL 33324**

**8151 PETERS ROAD, SUITE 3300  
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

**1200 S. Pine Island Rd.**

**1200 S. Pine Island Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #200**

**Suite #200**

City & State

City & State

**Plantation, FL**

**Plantation, FL**

Zip

Country

Zip

Country

**33324**

**USA**

**33324**

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

**03-0455108**

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

**STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
C/O RICHARD E. SCHATZ  
150 WEST FLAGLER ST., 2200 MUSUEM TOWER  
MIAMI FL 33130**

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 reissuing)

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 **Manager/President** ☐ Delete  
NAME **Larry Arnowitz**  
STREET ADDRESS **1200 S. Pine Island Rd. #200**  
CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)