

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90046 015 \*\*\*\*50.00

**DOCUMENT # L02000017156**

1. Entity Name  
**IMAJ PROPERTIES, LLC**



Principal Place of Business

**7336 KNIGHTS GRIFFIN ROAD  
PLANT CITY FL 33965**

Mailing Address

**7336 KNIGHTS GRIFFIN ROAD  
PLANT CITY FL 33965**

2. Principal Place of Business

**2505 THONOTOSASSA RD**

3. Mailing Address

**SAME AS**

Suite, Apt. #, etc.

**SUITE 101**

Suite, Apt. #, etc.

**←**

City & State

**PLANT CITY, FL**

City & State

**←**

Zip

**33566**

Country

**HILLSBOROUGH**

Zip

**←**

Country

**←**

4. FEI Number

**04-3699648**

Applied For

**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TROW, JAMES  
7336 KNIGHTS GRIFFIN ROAD  
PLANT CITY FL 33965**

7. Name and Address of New Registered Agent

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 **James Trow**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/24/03**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **JAMES TROW** ☐ Delete  
NAME **PRESIDENT**  
STREET ADDRESS **7336 KNIGHTS GRIFFIN RD**  
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **V.P.** ☐ Delete  
NAME **PAULA TROW**  
STREET ADDRESS **7336 KNIGHTS GRIFFIN RD**  
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGMR** ☐ Change ☒ Addition  
NAME **JAMES TROW**  
STREET ADDRESS **7336 KNIGHTS GRIFFIN RD**  
CITY-ST-ZIP **PLANT CITY FL 33566 33565**

TITLE **MGMR** ☐ Change ☒ Addition  
NAME **PAULA TROW**  
STREET ADDRESS **7336 KNIGHTS GRIFFIN RD**  
CITY-ST-ZIP **PLANT CITY FL 33566 33565**

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

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

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

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:

**Signed James Trow**

**1/24/03**

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

Date

Daytime Phone #

CR2E083 (10/02)