

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020293

FILED
Mar 02, 2006
Secretary of State

Entity Name: JUST LX, LLC

Current Principal Place of Business:

5826 SUNSET DRIVE
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5826 SUNSET DRIVE
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 68-0515686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRIL, ALEXANDER
11325 S.W. 77 AVENUE
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ABRIL, ALEXANDER
Address: 11325 S.W. 77 AVENUE
City-St-Zip: PINECREST, FL 33156

Title: MGR () Delete
Name: TIE-SHUE, CAMILLE
Address: 126 ORQUIDEA AVENUE
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR () Delete
Name: TIE-SHUE, GARY
Address: 9591 S.W. 124 TERRACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: TIE-SHUE, CAMILLE
Address: 5830 SUNSET DRIVE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: MGR (X) Change () Addition
Name: TIE-SHUE, GARY
Address: 5830 SUNSET DRIVE
City-St-Zip: SOUTH MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 TIE-SHUE

MGR

03/02/2006

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