
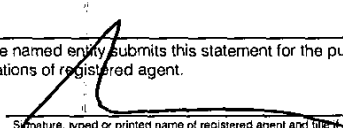
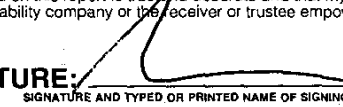


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

04 MAY 18 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027162			
1. Entity Name JORJEV INVESTMENTS, LLC			
Principal Place of Business 6122 WASHINGTON ST. HOLLYWOOD, FL 33023		Mailing Address P.O. BOX 4486 HOLLYWOOD, FL 33083-4486	
2. Principal Place of Business 3600 S State Rd 7 Suite, Apt. #, etc. Ste. 7		3. Mailing Address Suite, Apt. #, etc.	
City & State Miramar, FL		City & State	
Zip 33023		Country	
4. FEI Number 03-0487334		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent QUALITY MANAGMENT & INVESTMENT CORPORATION 6122 WASHINGTON ST. STE 3 HOLLYWOOD, FL 33023-1369		7. Name and Address of New Registered Agent Name: Anthony Lee Street Address (P.O. Box Number is Not Acceptable) 3600 S State Rd 7, Ste. 220 City: Miramar FL Zip Code: 33023	
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 		DATE 4/28/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, ANTHONY F 6122 WASHINGTON ST. HOLLYWOOD, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		DATE 4/28/04 305-702-6300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	