2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000028340

Entity Name
WJHJ, LLC



FILED Mar 15, 2004 08:00 AM Secretary of State

Principal Place of Business

1877 S. FEDERAL HIGHWAY STE. 202 ONE ROYAL PALM PLACE BOCA RATON, FL 33432 Mailing Address

1877 S. FEDERAL HIGHWAY STE. 202 ONE ROYAL PALM PLACE BOCA RATON, FL 33432



02192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	··· · · · · · · · · · · · · · · · · ·	Applied For	-
57-1161190		Not Applicabl	e
5. Certificate of Status Desired		\$5.00 Additional	

6. Name and Address of Current Registered Agent

SCHROEDER, MICHAEL A 120 PALMETTO PARK ROAD STE. 150 BOCA RATON, FL 33432

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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 ponted name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE PRL NAME HASEY, WILLIAM J JR STREET ADDRESS 1877 S. FED HWY, SUITE 202 BOCA RATON, FL 33432 CITY-ST-ZIP NAME U000000089679 03/15/04-80100-024 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 of 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 of 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 of 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 of 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 of the liability company

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTI

ua

PEPRESENTATIVE

Daytime Phone #

Date