

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004021

Entity Name: LOUJO LLC

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE
SUITE 900
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

505 SOUTH FLAGLER DRIVE
SUITE 900
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 33-1041865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCHMAN, RONALD S
222 LAKEVIEW AVENUE
SUITE 950
WEST PALM BEACH, FL 33401 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/MEMBERS:

Title: MGRM () Delete
Name: COHEN, LOUIS M
Address: 505 SOUTH FLAGLER DRIVE, SUITE 900
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: LEVINE, JOEL H
Address: 505 SOUTH FLAGLER DRIVE, SUITE 900
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOUIS M. COHEN

MGRM

01/13/2004

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