

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023956

FILED
Jan 15, 2004
Secretary of State

Entity Name: ARLENJAYBAR EQUITIES, LLC

Current Principal Place of Business:

5055 COLLINGS AVE.
APT. 3D
MIAMI BEACH, FL 33140

New Principal Place of Business:

150 WEST FLAGLER STREET
SUITE 2000
MIAMI, FL 33130

Current Mailing Address:

5055 COLLINGS AVE.
APT. 3D
MIAMI BEACH, FL 33140

New Mailing Address:

150 WEST FLAGLER STREET
SUITE 2000
MIAMI, FL 33130

FEI Number: 02-0697595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOWSKY, JAY ESQ.
150 WEST FLAGLER STREET
MIAMI, FL 33130

Name and Address of New Registered Agent:

SOLOWSKY, JAY H ESQ.
150 WEST FLAGLER STREET
SUITE 2000
MIAMI, FL 33130

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: JAY H. SOLOWSKY

01/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SOLOWSKY, JAY H RA
Address: 150 WEST FLAGLER STREET, STE. 2000
City-St-Zip: MIAMI, FL 33130

Title: MGR () Change (X) Addition
Name: SOLOWSKY, JAY H RA
Address: 150 WEST FLAGLER STREET, STE. 2000
City-St-Zip: MIAMI, FL 33130

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: JAY H. SOLOWSKY, RA

MGR

01/15/2004

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