

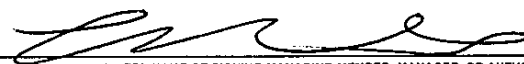


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90538 004 ****50.00

DOCUMENT # L03000027444 1. Entity Name LOJETA GROUP, LLC					
Principal Place of Business 1946 TYLER STREET HOLLYWOOD, FL 33020			Mailing Address 1946 TYLER STREET HOLLYWOOD, FL 33020		
2. Principal Place of Business 100 SE 3rd Avenue Suite, Apt. #, etc. Suite 1400		3. Mailing Address One Financial Plaza Suite, Apt. #, etc. Suite 1400			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 55-0841920	
Zip 33301		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATKINSON, WILSON C III C/O ATKINSON, DINER, ET AL 1946 TYLER STREET HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Wilson C. Atkinson, III Street Address (P.O. Box Number is Not Acceptable) 100 SE 3rd Avenue Suite 1400 City Fort Lauderdale FL Zip Code 33301	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TABATCHNICK, LON J 1946 TYLER STREET HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Lon Tabatchnick 3501 N Ocean Dr Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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:  3/18/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					