

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000028676

1. Entity Name
HIJK INVESTMENTS LLC



Principal Place of Business

**1701 A1A STE. 102
VERO BEACH, FL 32963**

Mailing Address

**1701 A1A STE. 102
VERO BEACH, FL 32963**



02212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
30-0310020

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAZAN, LISA E
1701 A1A STE. 102
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000500219
04/25/06-80013-022 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------|
| TITLE | MGRM |
| NAME | LAZAN, LISA E |
| STREET ADDRESS | 1151 INDIAN MOUND TRAIL |
| CITY-ST-ZIP | VERO BEACH, FL 32963 |
| TITLE | MGRM |
| NAME | LAZAN, DAVID W |
| STREET ADDRESS | 1151 INDIAN MOUND TRAIL |
| CITY-ST-ZIP | VERO BEACH, FL 32963 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/5/06 772-231-8831

Date

Daytime Phone #