


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90055 020 \*\*\*138.75

<b>DOCUMENT # L03000028676</b> 1. Entity Name <b>HIJK INVESTMENTS LLC</b>			
Principal Place of Business <b>1701 A1A STE. 102</b> <b>VERO BEACH, FL 32963</b>		Mailing Address <b>1701 A1A STE. 102</b> <b>VERO BEACH, FL 32963</b>	
2. Principal Place of Business - No P.O. Box # <b>1600 36th ST</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>VERO BEACH, FL</b> Zip <b>32940</b> Country <b>USA</b>		3. Mailing Address <b>1600 36th ST</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>VERO BEACH, FL</b> Zip <b>32940</b> Country <b>USA</b>	
4. FEI Number <b>30-0310020</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		01102008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>LAZAN, LISA E</b> <b>1701 A1A STE. 102</b> <b>VERO BEACH, FL 32963</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LAZAN, LISA E</b> <b>1151 INDIAN MOUND TRAIL</b> <b>VERO BEACH, FL 32963</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LAZAN, DAVID W</b> <b>1151 INDIAN MOUND TRAIL</b> <b>VERO BEACH, FL 32963</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>1-14-08</b> Daytime Phone #	