

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008895

Entity Name: BINJ, LLC

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

1325 BALLENTYNE PLACE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1325 BALLENTYNE PLACE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-0915252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASNAS, IMAD
1325 BALLENTYNE PLACE
APOPKA, FL 32703 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: DAYE, JAD
Address: 986 SOARING WAY
City-St-Zip: MERIETTA, GA 30062

Title: MGRM () Delete
Name: NASNAS, IMAD
Address: 1325 BALLENTYNE PLACE
City-St-Zip: APOPKA, FL 32703

Title: MGRM () Delete
Name: HELOU, BESHARA
Address: 1 WILSON LANE
City-St-Zip: LEWES, DE 19958

Title: MGRM () Delete
Name: MORAR, NILESH
Address: 240 EAST 86TH ST. UNIT 15G
City-St-Zip: NEW YORK, NY 10028

ADDITIONS/CHANGES:

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

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

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: IMAD NASNAS

PRES

04/08/2005

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