


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90210 012 ****50.00

DOCUMENT # L04000025795 1. Entity Name JAJU, L.L.C.			
Principal Place of Business 4124 SAN JUAN STREET TAMPA FL 33629		Mailing Address 4124 SAN JUAN STREET TAMPA FL 33629	
2. Principal Place of Business - No P.O. Box # 5611 BAYSHORE BLV. Suite, Apt. #, etc.		3. Mailing Address PO BOX 26424 Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33611		Zip 33623	
Country USA		Country USA	
4. FEI Number 11-3716634		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEDAHL, JAMES JAY 4124 SAN JUAN STREET TAMPA FL 33629		7. Name and Address of New Registered Agent Name HEDAHL, JAMES JAY Street Address (P.O. Box Number is Not Acceptable) 5611 BAYSHORE BLV. City TAMPA FL Zip Code 33611	
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 _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAY HEDAHL, JAMES 4124 SAN JUAN STREET TAMPA FL 33629	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAY HEDAHL, JAMES 5611 BAYSHORE BLV. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARLOS RICHARDS, JUAN 4124 SAN JUAN STREET TAMPA FL 33629	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARLOS RICARDES, JUAN 5611 BAYSHORE BLV. TAMPA, FL 33611
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
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
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
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 Section 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: <u>J. J. Hedahl</u> JAMES JAY Hedahl <u>2/15/2007</u> 813-766-9622 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			