

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025795

Entity Name: JAJU, L.L.C.

FILED  
Jan 08, 2008  
Secretary of State

**Current Principal Place of Business:**

5611 BAYSHORE BLVD  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 26424  
TAMPA, FL 33623

**New Mailing Address:**

FEI Number: 11-3716634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEDAHL, JAMES JAY  
5611 BAYSHORE BLVD  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

HEDAHL, JAMES JAY  
5611 BAYSHORE BLVD  
TAMPA, FL 33611 US

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: JAMES JAY HEDAHL

01/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JAY HEDAHL, JAMES  
Address: 5611 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33611

Title: MGRM ( ) Delete  
Name: CARLOS RICHARDS, JUAN  
Address: 5611 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33611

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HEDAHL, JAMES JAY  
Address: 5611 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33611

Title: MGRM (X) Change ( ) Addition  
Name: RICARDES, JUAN CARLOS  
Address: 5611 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES JAY HEDAHL

MGRM

01/08/2008

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