2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 07, 2005 8:00 am Secretary of State

DOCUMENT # L04000038803 1. Entity Name JORJEN, LLC								02-07-200	5 90283 ()46 ****50	.00
Principal Place	Mailing Address	ng Address				₩ ~ ~ -					
14372 S.W. 18TH STREET MIAMI, FL 33175			14372 S.W. 18TH STREET MIAMI, FL 33175			:					
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			,	01142005	Chg-LLC	CR2E	083 (10/03)		
City & State		City & State				4. FEI Numb	20239	79	No	plied For t Applicable	
Zip	Country		Zip	Count				of Status Desire		\$5.00 Add Fee Required	
	6. Name and A	ddress of Current R	egistered Agent				7. Name and	Address of Nev	v Registered	Agent	
	N, FRED K ESQ ND STREET, 17 33131	139			<u> </u>	KStein Fred K E50 (P.O. Box Number is Not Acceptable) Brickell Avenue					
i					City FL Zip Code 32/3/					31.332	
	named entity submitions of registered ag		the purpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE	Signature, typed or printed	name of registered agent an	nd title V applicable. (NOT	E: Registere	d Agent signatu	re required	when reinstating)		DATE		
Fi	iling Fee is \$50 ue by May 1, 2).00						Floi	ida Depart	payable to ment of State	, i
Fi Di	iling Fee is \$50 ue by May 1, 2).00		10.				Floi		ment of State	
9.	iling Fee is \$50 ue by May 1, 2	0.00 005 MANAGING MEMBEF	RS/MANAGERS	TITL		Pr	eside	Floi	ida Depart	ment of State	Addition
9.	iling Fee is \$50 ue by May 1, 2	0.00 005 MANAGING MEMBER RGE TH STREET		NAM STRE		Pr		Floi	ida Depart	ment of State	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 SIGNATURE OF PRIVIED OF PRIVIED NAME OF SECTION MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/05 305-206-1291