


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90034 047 ****50.00

DOCUMENT # L04000060333	
1. Entity Name UJZ, LLC.	

Principal Place of Business 3700 AIRPORT ROAD SUITE 204 BOCA RATON, FL 33431	Mailing Address 2200 W COMMERCIAL BLVD 3RD FL FORT LAUDERDALE, FL 33309
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60035753



2. Principal Place of Business - No P.O. Box # 2200 W. Commercial Blvd Suite, Apt. #, etc. Suite 208B City & State FL. LAUDERDALE FL Zip 33309 Country U.S.A.	3. Mailing Address 2200 W. Commercial Blvd Suite, Apt. #, etc. Suite 208B City & State FL. LAUDERDALE, FL Zip 33309 Country U.S.A.
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04102007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent ZIMMERMAN, JORDAN 2200 W COMMERCIAL BLVD 3RD FLOOR FORT LAUDERDALE, FL 33309	
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4. FEI Number
20-1588359
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent Name JORDAN ZIMMERMAN Street Address (P.O. Box Number is Not Acceptable) 2200 W. Commercial Blvd Suite 208B City FL. LAUDERDALE FL Zip Code 33309	
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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 Jordan Zimmerman MGR DATE 4/10/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZIMMERMAN, JORDAN 3700 AIRPORT ROAD, SUITE 204 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JORDAN ZIMMERMAN 2200 W. Commercial Blvd, Suite 208B FL. LAUDERDALE, FL 33309 <input checked="" 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
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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 608, Florida Statutes.

SIGNATURE: Jordan Zimmerman MGR DATE 4/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE