


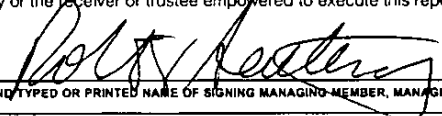


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90043 021 ****50.00

DOCUMENT # L04000070755					
1. Entity Name AUDREYJA, LLC					
Principal Place of Business 5522 NW 125TH TERRACE CORAL SPRINGS, FL 33076			Mailing Address 5522 NW 125TH TERRACE CORAL SPRINGS, FL 33076		
2. Principal Place of Business 804 E. WINDWARD WAY #602 Suite, Apt. #, etc.		3. Mailing Address C/O REACH USA 9933 ALLIANCE ROAD Suite, Apt. #, etc.			
City & State LANTANA, FL		City & State CINCINNATI, OH		4. FEI Number 75-3162652	
Zip 33462		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JARVIS, AUDREY 5522 NW 125TH TERRACE CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name: ROBERT DELUCA Street Address (P.O. Box Number is Not Acceptable): 1723 MAGDALENE DRIVE City: TAMPA FL Zip Code: 33613			
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:  ROBERT DELUCA/REGISTERED AGENT DATE: 7/4/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME SLATTERY, ROBERT J STREET ADDRESS 7855 SHAWNEE RUN RD CITY-ST-ZIP CINCINNATI, OH 45243	<input type="checkbox"/> Delete		TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME JARVIS, AUDREY STREET ADDRESS 5522 NW 125TH TERRACE CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input checked="" 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 MGR NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" 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 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: 			7/11/06 (513) 794-4130		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		