

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082187

Entity Name: LIJAI L.L.C.

FILED
Mar 11, 2005
Secretary of State

Current Principal Place of Business:

10556 NW 26 ST.
SUITE D-101
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

10556 NW 26 ST.
SUITE D-101
DORAL, FL 33172

New Mailing Address:

FEI Number: 20-1882491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCATTOLINI, MAURO
10556 NW 26 ST.
SUITE D-101
DORAL, FL 33172 US

Name and Address of New Registered Agent:

CABANAS & ASSOCIATES, P.A.
10520 NW 26 ST.
SUITE C 201
DORAL, FL 33172 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: JOSEPH F. CABANAS

03/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SCATTOLINI, MAURO
Address: 10556 NW 26 ST SUITE D-101
City-St-Zip: DORAL, FL 33172 US

Title: MGRM () Delete
Name: PROFETA, CONSTANZA L
Address: 10556 NW 26 ST SUITE D-101
City-St-Zip: DORAL, FL 33172 US

Title: MGRM () Delete
Name: FLORES, JAIME
Address: 10556 NW 26 ST SUITE D-101
City-St-Zip: DORAL, FL 33172 US

Title: MGRM () Delete
Name: FLORES, MARTA
Address: 10556 NW 26 ST SUITE D-101
City-St-Zip: DORAL, FL 33172 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCATTOLINI, MAURO MGRM
Address: 10556 NW 26 ST SUITE D-101
City-St-Zip: DORAL, FL 33172 US

Title: MGRM (X) Change () Addition
Name: PROFETA, CONSTANZA L MGRM
Address: 10556 NW 26 ST SUITE D-101
City-St-Zip: DORAL, FL 33172 US

Title: MGRM (X) Change () Addition
Name: FLORES, JAIME MGRM
Address: 10556 NW 26 ST SUITE D-101
City-St-Zip: DORAL, FL 33172 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAURO SCATTOLINI

MGRM

03/11/2005

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