

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90370 013 \*\*\*\*50.00

**DOCUMENT # L05000021341**

1. Entity Name  
LEJEUNE CAPITAL INVESTMENTS, LLC



Principal Place of Business

2695 LEJEUNE ROAD, SUITE 201  
MIAMI, FL 33134

242 NW LeJeune Rd  
Miami, FL 33126

Mailing Address

2695 LEJEUNE ROAD, SUITE 201  
MIAMI, FL 33134

242 NW LeJeune Rd  
Miami, FL 33126

60017038



02022007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2896742

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LANES, SAUL  
2695 LEJEUNE ROAD, SUITE 201 242 NW LeJeune Rd  
MIAMI, FL 33134 33126

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/6/07  
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE PD  
NAME LANES, SAUL  
STREET ADDRESS 2695 LEJEUNE RD., STE 201 242 NW LeJeune Rd  
CITY-ST-ZIP MIAMI, FL 33134 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/6/07 (305) 4480809

Date

Daytime Phone #