

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90032 021 ****50.00

DOCUMENT # L05000027773

1. Entity Name
JEDAMI MOTOR WORKS, LLC



Principal Place of Business
**641 OCEAN BLVD
GOLDEN BEACH, FL 33160**

Mailing Address
**641 OCEAN BLVD
GOLDEN BEACH, FL 33160**

2. Principal Place of Business - No P.O. Box #
16051 Collins Avenue

3. Mailing Address
16051 Collins Avenue

Suite, Apt. #, etc.
Apt. 504

Suite, Apt. #, etc.
Apt. 504

04062007 Chg-LLC CR2E083 (12/06)

City & State
Sunny Isles Beach, FL

City & State
Sunny Isles Beach, FL

4. FEI Number
NOT APPLICABLE

Zip Country
33160 USA

Zip Country
33160 USA

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

6. Name and Address of Current Registered Agent

**ROBERT M. HERMAN, P.A.
8551 WEST SUNRISE BLVD
SUITE 102
PLANTATION, FL 33322-4007**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGRM BAEZ, MANUEL TRUSTEE** ☐ Delete
STREET ADDRESS **641 OCEAN BLVD.**
CITY-ST-ZIP **GOLDEN BEACH, FL 331602217**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MGRM Baez, Manuel Trustee** ☒ Change ☐ Addition
STREET ADDRESS **16051 Collins Ave., Apt. 504**
CITY-ST-ZIP **Sunny Isles Beach, FL 33160**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: Manuel Baez **Manuel Baez, Trustee** 4/16/07 954 617-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #