

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045084

Entity Name: BVJ-SHAW, LLC

FILED
Jul 18, 2007
Secretary of State

Current Principal Place of Business:

27 01 SW 130 TERRACE
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

2701 SW 130 TRRACE
DAVIE, FL 33330

New Mailing Address:

FEI Number: 83-0455240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JAMALUDIN, SHAMSHUDEEN
2701 JSW 130 TERRACE
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

UGANDO, ANTONIO A
2866 SW 176TH TERRACE
MIRAMAR, FL 330295557 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: ANTONIO A. UGANDO

07/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JAMALUDIN, SHAMSHUDEEN
Address: 2701 SW 130 TERRACE
City-St-Zip: DAVIE, FL 33330

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAMALUDIN, SHAMSHUDEEN
Address: 2701 SW 130 TERRACE
City-St-Zip: DAVIE, FL 33330

Title: M () Change (X) Addition
Name: MARTINEZ, DAYAN
Address: 12825 SW 51ST STREET
City-St-Zip: MIAMI, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANTONIO A. UGANDO

RA

07/18/2007

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