

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90272 050 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                     |                                                                   |                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000090686</b><br>1. Entity Name<br><b>NIJI MANAGEMENT LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       |                     |                                                                   |                                                                                                       |  |
| Principal Place of Business<br><b>6724 NW 62ND TER<br/>PARKLAND, FL 33067</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |                     | Mailing Address<br><b>6724 NW 62ND TER<br/>PARKLAND, FL 33067</b> |                                                                                                                                                                                        |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       | 3. Mailing Address  |                                                                   |                                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       | Suite, Apt. #, etc. |                                                                   |                                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       | City & State        |                                                                   |                                                                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                               | Zip                 | Country                                                           |                                                                                                                                                                                        |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                     |                                                                   | 7. Name and Address of New Registered Agent                                                                                                                                            |  |
| <b>BAKER, PAULA<br/>6724 NW 62ND TERRACE<br/>PARKLAND, FL 33067</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                     |                                                                   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br>SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE: _____                                                                                                                                                                      |                                                                                                       |                     |                                                                   |                                                                                                                                                                                        |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                     |                                                                   | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                           |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       |                     | 10. ADDITIONS/CHANGES                                             |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Director<br/>M Ponsor<br/>6724 NW 62 Ter<br/>Parkland FL 33067</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                       |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                       |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                       |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                       |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                       |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                       |                     |                                                                   |                                                                                                                                                                                        |  |
| <b>SIGNATURE: <u>M. Ponsor</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                     | <b>3/17/06 954 9713001</b><br><small>Date Daytime Phone</small>   |                                                                                                                                                                                        |  |

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4. FEI Number **20-3463581** Applied For ☐ Not Applicable ☒

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