


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90150 026 \*\*\*138.75

|                                      |  |   |
|--------------------------------------|--|---|
| <b>DOCUMENT # L06000025384</b>       |  |  |
| 1. Entity Name<br><b>FEJARO, LLC</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2623 SOUTH SEACREST BOULEVARD<br/>SUITE 216<br/>BOYNTON BEACH, FL 33435</b> | Mailing Address<br><b>2623 SOUTH SEACREST BOULEVARD<br/>SUITE 216<br/>BOYNTON BEACH, FL 33435</b> |
|---|---|

**60018935**



|  |                       |                     |         |
|--|-----------------------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box #<br><b>1601 Clint Moore Road</b> |                       | 3. Mailing Address  |         |
| Suite, Apt. #, etc.<br><b>Suite 180</b>  |                       | Suite, Apt. #, etc. |         |
| City & State<br><b>Daca Raton, Florida</b>                                     |                       | City & State        |         |
| Zip<br><b>33487</b>  | Country<br><b>USA</b> | Zip                 | Country |

03202008 Chg-LLC CR2E083 (12/06)

|  |  |  |  |
|--|--|--|--|
| 4. FEI Number<br><b>20-4725685</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$5.00</b> Additional Fee Required                  |  |
| 6. Name and Address of Current Registered Agent<br><b>GREGORY L. DENES, P.A.<br/>14255 U.S. HIGHWAY ONE<br/>SUITE 243<br/>JUNO BEACH, FL 33408</b> |  | 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>BRITO, ROGELIO<br/>2623 SOUTH SEACREST BOULEVARD, SUITE 216<br/>BOYNTON BEACH, FL 33435</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 | <b>MGRM<br/>VILLA, JACY<br/>2623 SOUTH SEACREST BOULEVARD, SUITE 216<br/>BOYNTON BEACH, FL 33435</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 | <b>MGRM<br/>RODRIGUEZ-PINERO, FELIX<br/>2623 SOUTH SEACREST BOULEVARD, SUITE 216<br/>BOYNTON BEACH, FL 33435</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 |

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:** Rogelio Brito / Rogelio Brito 3/28/07 561-901-8410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #