2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
May 30, 2007 8:00 am
Secretary of State

05-04-2007 90318 003 ****50.00

DOCUMENT # L06000079488

1. Entity Name

LAJUTI, LLC

Principal Place of Business	Mailing Address
12700 BISCAYNE BLVD. SUITE 101 NORTH MIAMI FL 33181-2024 US	P. O. BOX 610097 NORTH MIAMI FL 33261-0097 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1175 NE 125 Street			
Suite, Apt. #, etc. 307		Suite, Apt. #, etc.	
City & State North Miami, FL		City & State	
Zip 33161-5010	Country USA	Zip	Country

4. FEI Number 06-3228944 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OWENS, WILLIAM P
12700 BISCAYNE BLVD.
SUITE 101
NORTH MIAMI FL 33181-2024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1175 NE 125 Street, Suite 307

City North Miami FL Zip Code 33161-5010

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWENS, WILLIAM P 12700 BISCAYNE BLVD., SUITE 101 NORTH MIAMI FL 33181-2024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1175 NE 125 Street, Suite 307 North Miami, FL 33161-5010	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William P. Owens, President 4/19/07 305-895-8802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #