

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079488

Entity Name: LAJUTI, LLC

FILED  
Jan 07, 2009  
Secretary of State

**Current Principal Place of Business:**

1175 NW 125 ST. #307  
MIAMI, FL 331615010 US

**New Principal Place of Business:**

1175 NE 125 ST.  
SUITE 307  
NORTH MIAMI, FL 331615010 US

**Current Mailing Address:**

PO BOX 610097  
MIAMI, FL 332610097 US

**New Mailing Address:**

PO BOX 610097 C/O OWENS  
NORTH MIAMI, FL 332610097 US

FEI Number: 20-5359787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OWENS, WILLIAM P  
2300 W. PARK PL. STE 146  
MIAMI, FL 331615010 US

**Name and Address of New Registered Agent:**

OWENS, WILLIAM P  
175 NE 125 STREET  
SUITE 307  
NORTH MIAMI, FL 331615010 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:

01/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OWENS, WILLIAM P  
Address: 1175 NE 125 ST. STE 307  
City-St-Zip: MIAMI, FL 331615010 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OWENS, WILLIAM P  
Address: 1175 NE 125 ST. STE 307  
City-St-Zip: NORTH MIAMI, FL 331615010 US

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: WILLIAM P OWENS

MGRM

01/07/2009

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