


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90101 024 ***138.75

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| DOCUMENT # L07000010997 | | | |  | |
| 1. Entity Name EJI INVESTMENTS LLC | | | | | |
| Principal Place of Business 4247 S.W. 186 AVE MIRAMAR, FL 33029 | | | Mailing Address 4247 S.W. 186 AVE MIRAMAR, FL 33029 | | |
| 2. Principal Place of Business - No P.O. Box # 18455 Miramar Parkway | | 3. Mailing Address 18455 Miramar Parkway | | | |
| Suite, Apt. #, etc. #204 | | Suite, Apt. #, etc. #204 | | | |
| City & State Miramar, FL | | City & State Miramar, FL | | | |
| Zip 33029 | Country USA | Zip 33029 | Country USA | 02232008 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent HALL, EDWARD 4247 S.W. 186 AVE MIRAMAR, FL 33029 | | | | 7. Name and Address of New Registered Agent Name: HALL, EDWARD Street Address (P.O. Box Number is Not Acceptable): 18455 Miramar Parkway #204 City: Miramar FL Zip Code: 33029 | |
| 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: <u>Edward Hall</u> DATE: <u>2/25/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 -- NAME STREET ADDRESS CITY-ST-ZIP | MGRM HALL, EDWARD 4247 S.W. 186 AVE MIRAMAR, FL 33029 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOWELL, MILTON 11220 S.W. 164 STREET MIAMI, FL 33157 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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: <u>Edward Hall</u> DATE: <u>2/25/08</u> City/Phone: <u>786-546-3068</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |