

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018630

Entity Name: IJE-HOLDINGS, LLC

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

19275 BISCAYNE BLVD.
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19275 BISCAYNE BLVD.
AVENTURA, FL 33180

New Mailing Address:

P. O. BOX 562647
MIAMI, FL 332562647

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOK, ROBERT A
2875 NE 191 STREET
STE 304
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERFOND, LAURENCE
Address: 8221 GLADES RD., STE 101
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM () Delete
Name: LEVINE, STEVE
Address: 2824 VALENCIA WAY
City-St-Zip: FT. MYERS, FL 33901 US

Title: MGRM () Delete
Name: LEVINE, SCOTT
Address: 5651 NW 23RD AVE.
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BERFOND, LAWRENCE
Address: 8221 GLADES RD., STE 101
City-St-Zip: BOCA RATON, FL 33434 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN G. LEVINE

MGRM

02/17/2009

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