

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90065 023 ***138.75

DOCUMENT # L07000072036					
1. Entity Name JIYE, LLC					
Principal Place of Business 2198 MAIN STREET SARASOTA, FL 34237 US			Mailing Address 2198 MAIN STREET SARASOTA, FL 34237 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02112008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 26-0512921				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PETER J. JAENSCH IMMIGRATION LAW FIRM, PA 2198 MAIN STREET SARASOTA, FL 34237			Name <u>Les Gardi CPA</u> Street Address (P.O. Box Number is Not Acceptable) <u>7061 S Tamiami Trail</u> City <u>Sarasota</u> FL Zip Code <u>34231</u>		
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>[Signature]</u> <u>CPA</u>			DATE <u>2/11/08</u>		
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM SEOK, YOUNG J 115 NORTH CREEK LANE OSPREY, FL 34229	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>5170 Central Sarasota PKWY</u> <u>SARASOTA FL 34238</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEE, HEEJUNG 115 NORTH CREEK LANE OSPREY, FL 34229	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>5170 Central Sarasota PKWY</u> <u>SARASOTA FL 34238</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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>[Signature]</u>			Date <u>02/11/08</u> Daytime Phone # <u>941.388.5330</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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