2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L07000106210

1. Entity Name
JAJI'S, LLC

FILED
08 AUG 11 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3222 S. US HWY 1 FORT PIERCE, FL 34982 US	P.O BOX 882556 PORT ST. LUCIE, FL 34988 US

08012008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	45350 16th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Bloomingdale, MI
Zip / Country	Zip: 49026 / Country

4. FEI Number: 68-0659797 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, DIEDRE 1601 SW CECELIA LANE PORT ST. LUCIE, FL 34953	Name: BRETT SHANN - SHANNS TAX SERVICE Street Address (P.O. box numbers are not acceptable): 1586 SW BAYSHORE BLVD. City: PORT ST LUCIE FL Zip Code: 34983

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] 8/1/08
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registering Agent signature required when registering — Date

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DAVIS, DIEDRE 1601 SW CECELIA LANE PORT ST. LUCIE, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DAVIS, DIEDRE 45350 15th AVE Bloomingdale, MI 49026	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT LAILA E. DAVIS 4153 13th STREET ECORSE, MI 48229	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900134358229 08/12/08--01013--021 **50.00	☐ 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 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 605, Florida Statutes.

SIGNATURE: X [signature] 8/1/08 751-287-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #