


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90188 008 \*\*\*138.75

<b>DOCUMENT # L97000000548</b> 1. Entity Name SEIJ, L.C.	
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Principal Place of Business 2875 NE 191 STREET, PH 1B MIAMI, FL 33180	Mailing Address 2875 NE 191 STREET, PH 1B MIAMI, FL 33180
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**DO NOT WRITE IN THIS SPACE**

00031000



02052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0839667	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KLEIN, THEODORE J 8030 PETERS ROAD, BLDG. STE 104 FORT LAUDERDALE, FL 33324
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*(Building D)*

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AZOUT, JACK 2875 N.E. 191ST STREET AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILINSKI, SAUL 2875 N.E. 191ST STREET AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SREDNI, ERWIN 2875 N.E. 191ST STREET AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SREDNI, ISAAC 2875 N.E. 191ST STREET AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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** *M. March*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_