

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

L99000002513

1. Entity Name

JOSHIAN, LLC

**FILED  
Apr 17, 2002 8:00 am  
Secretary of State**

04-17-2002 90023 018 \*\*\*\*50.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
905 Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Address  
same

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

City & State

Zip 32250 Country USA

Zip

Country

4. FEI Number

X59-3580508

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name Randal C. Fairbanks  
Street Address (P.O. Box Number is Not Acceptable)  
217 Ponte Vedra Park Drive, #200

City Ponte Vedra Beach FL Zip Code 32082

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.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable.

March 12, 2002

DATE

FEE \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

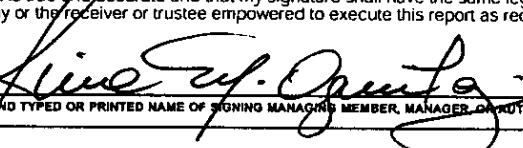
TITLE Managing Member  
NAME Gina Marie Aguilar  
STREET ADDRESS 905 Beach Blvd.  
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/3/02

Date

Daytime Phone #