


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90118 043 \*\*\*\*50.00

0002308

<b>DOCUMENT # L99000002513</b>	
1. Entity Name <b>JOSHIAN, LLC</b>	

Principal Place of Business <b>905 BEACH BOULEVARD JACKSONVILLE BEACH FL 32250</b>	Mailing Address <b>905 BEACH BOULEVARD JACKSONVILLE BEACH FL 32250</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3580508</b>	Applic For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
<b>AHERN, FRED L JR. 2215 SOUTH THIRD STREET, SUITE 101 JACKSONVILLE BEACH FL 32250</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>Randal C. Fairbanks, Esq.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>228 Ponte Vedra Park Boulevard</b>
City <b>Ponte Vedra Beach</b>
State <b>FL</b>
Zip Code <b>32082</b>

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 <i>Randal C. Fairbanks</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>April 10, 2003</i> DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR AGUILAR, JORGE 905 BEACH BOULEVARD JACKSONVILLE BEACH FL 32250</b>
<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr. Gina Marie Aguilar 905 Beach Boulevard Jacksonville Beach, Florida 32250</b>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.	
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SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <i>4/17/03</i>	Daytime Phone #
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CR2E083 (10/02)