

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -4 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001 11

DOCUMENT # L99000002636
1. Entity Name
JAJO PROPERTIES, L.L.C.

Principal Place of Business: 363 GRANELLO AVENUE, CORAL GABLES FL 33146
Mailing Address: 363 GRANELLO AVENUE, CORAL GABLES FL 33146-1806



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7700 Red Road
3. Mailing Address: 7700 Red Road

City & State: South Miami, FL

4. FEI Number: 65-0921528
Applied For: Not Applicable

Zip: 33143 Country: USA

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

6. Name and Address of Current Registered Agent
WELDER, NORMAN S ESQ.
100 S.E. 2ND STREET, SUITE 3910
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	MGRM WARD, JACKSON 363 GRANELLO AVENUE CORAL GABLES FL 33146	TITLE	
NAME	WARD, JACKSON	NAME	
STREET ADDRESS	363 GRANELLO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	CITY-ST-ZIP	
TITLE	MGRM Johansson, Stefan 7700 Red Rd South Miami, FL 33143	TITLE	
NAME	Johansson, Stefan	NAME	
STREET ADDRESS	7700 Red Rd	STREET ADDRESS	
CITY-ST-ZIP	South Miami, FL 33143	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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-06/02/00-01094-015
*****50.00 *****50.00

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 REQUIRED 4-26-00 305-442-7008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR 1 E 063 (9/93)