2000 UNIFORM BUSINESS REPORT (UBR)

DOCUI	MENT # L990	00007282						
ROJOG, l	L.L.C.					FILE	D	
			,			00 MAR 23 F	M 3: 56	
Principal Place of Business Mailing Address						CEADETADY A	E CTATE	
1951 N.W. 19TH STREET. #A103 BOCA RATON FL 33431		1951 N.W. 19TH STREET. #A103 BOCA RATON FL 33431-7363			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2 Principal P	lace of Business	3. Mailing Address						
		· · · · · · · · · · · · · · · · · · ·						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI NO	umber -0958896	⊢	oplied For ot Applicable	
Zip	Country	Zip Country				cate of Status Desired	\$5.00 Add	
	6. Name and Address of Curre	nt Registered Agent	<u> </u>	·	7. Name	and Address of New Regist	<u> </u>	
	; ~			Name			·	
BOOSE, WILLIAM R ESQ.				Street Address (P.O. Box Number is Not Acceptable)				
515 NORTH FLAGLER DRIVE, #1900 WEST PALM BEACH FL 33401				 -				
WEST FALIN DENOTTE GOTO			F	City			FL Zip Cod	e
The above	named entity submits this statement	for the purpose of changing it	ts registered	office or register	red agent o	r both, in the State of Florida		
J. THE ADOVE	Harried Gritty Sabirita tino Statement	Tor the parpose of orlanging is	.s reg.c.o.c	omoo o, ragioto,				
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NC	OTE: Registered A	gent signature required	when reinstatin	9)	DATE	
		CO E A	IOWIII EE	E 10 650 00				
		Make Check P		E IS \$50.00 Department o	f State			
	1411401101451				-	ADDITIONS/CHA	NOES	
9. TITLE	MGRM MANAGING MEN	IBERS/MEMBERS	10. TITLE	1		ADDITIONS/ CHA	Change	Addition
MAME	LEVY, ROBERT A		NAME					
STREET ADDRESS STY-ST-ZIP	1951 N.W. 19TH STREET, #A1 BOCA RATON FL 33431	03	STREET CITY- \$1	ADDRE\$8 Zip				
IITLE	MGRM	Delate	TITLE		, .		Change	Addition
NAME	Geller, Didi	100	NAME	4000500	4°	_		
STREET ADDRESS CITY-ST-ZIP	1951 N.W. 19TH STREET, #A1 BOCA RATON FL 33431	103	CITY-\$1	ADDRESS : - ZIP	. /	20000315 -04/09/00	38392- 01065(5 122
TITLE	MGRM	☐ Detete	TITLE	-		******50 .		
NAME BTREET ADDRESS	GELLER, HARVEY	ino	NAME 2TRFFT	ADDRESS				
CITY- ST- ZIP	1951 N.W. 19TH STREET, #A1 BOCA RATON FL 33431	103	CITY- 81			~		
NTLE	MGRM	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	JOHNS, JAMES R 1951 N.W. 19TH STREET, #A1	ING	NAME STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33431		CITY- 81	1				
TITLE		☐ Delate	TITLE				Change	Addition
IAME STREET ADORESE	٠,		NAME 87REET	ADDRESS				
CITY-8T-ZIP			CITY- SI					
NTLE 4		☐ Delists	TITLE				Change	Addition
NAME STREET ADDR'SS			NAME STREET	ADDRESS				
CITY- #T-ZIP			CITY-S1	L L		<u> </u>		
indicated	certify that the information supplied w on this report is true and accurate a bility company or the receiver or trus	nd that my signature shall have	e the same le	egal effect as it n	nade under	oath; that I am a managing r	er certify that the in nember or manage	nformation er of the
	<i>2/2/</i> 2/2	Zune see	ייים ריים וריים פייים מייים מיי	. 1 1	0	<i>u</i> .		
SIGNAT	URE:	PRINTED HAME OF CHARLES		HARVE	y Ge	llen 2/23/00	56/-4/17	<u>-471/</u>
	SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING MANAGIN	U MEMBER OR	MANAGE	1	Date /	Daytime Phone #	