## APPROVED **2000 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L99000007942 1. Entity Name 00 May 10 PM 1:03 JAJA, L.C. K, SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 244 RIPLING LANE 244 RIPLING LANE WINTER PARK FL 32789 WINTER PARK FL 32789-2842 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-361355 A Not Applicable -- Country --\$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JUDITH-A-ALLEN WILLIAMS, WARREN E Street Address (P.O. Box Number is Not Acceptable) 28-42 CENTRAL BLVD., 4TH FLOOR LANE RIPPLING 244 ORLANDO FL 32801 PARK WINTER 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. 9. A. Allen, mer Delete Change Addition TITLE TITLE ٤ NAME NAME .083 STREET ADDRESS STREET ADDRESS WINTER C1TY - ST- 71P CITY-ST-ZIP Delete TITLE TITLE NAME STREET ADDRESS STREET ACORESS CITY: 81-21P --CITY - ST - ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- \$T-ZIP Addition Detete TITLE TITEF MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS ETREET ADDRESS CITY-ST-ZIP CITY- ST-71P Delete TITLE ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP - CITY - 8T- ZIP 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. 407-644-8855 Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER