

AMENDED
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

08-24-2004 90048 002 ****55.00
M03000002887

DOCUMENT # MD3000002887

1. Entity Name

B. J. L. INVESTMENTS, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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W/09/20/04

DO NOT WRITE IN THIS SPACE

24081359

2. Principal Place of Business

3505 S. OCEAN DRIVE

Suite, Apt. #, etc.

UNIT 814

3. Mailing Address

3505 S. OCEAN DRIVE

Suite, Apt. #, etc.

UNIT 814

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

4. FEI Number

45-050-6306

Applied For

Not Applicable

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Zip

33019

Country

USA

Zip

33019

Country

USA

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

7. Name and Address of Current Registered Agent

Name

BARBARA J. LOUETT

Street Address (P.O. Box Number is Not Acceptable)

3505 S. OCEAN DRIVE

UNIT 814

City

HOLLYWOOD

FL

Zip Code

33019

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IN THIS SPACE**

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

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*MGRM
BARBARA J. LOUETT
3505 S. OCEAN DR. UNIT 814
HOLLYWOOD, FL. 33019*

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

AUG. 19, 2004

Date

954-920-3420

Daytime Phone #

CR2E083B (12/02)