

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # M99000000285</b><br>1. Entity Name<br><b>JAJ ENTERPRISES, LLC</b><br><b>JAJ</b> |  |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                           |                                                               |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business<br><b>90 N. POLK ST.<br/>EUGENE, OR 97402</b> | Mailing Address<br><b>90 N. POLK ST.<br/>EUGENE, OR 97402</b> |
|---------------------------------------------------------------------------|---------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-LLC

CR2E083 (10/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>93-1210953</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.  
SUITE 3400 - ONE BISCAYNE TOWER  
TWO SOUTH BISCAYNE BLVD  
MIAMI, FL 33131**

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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 (NOTE: Registered Agent signature required when reinstating) DATE

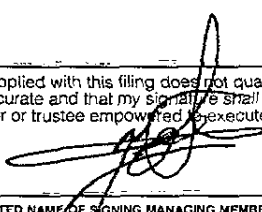
**Filing Fee is \$50.00  
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                       |                                                             |
|----------------------------------------------------|-------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>TOKATLY, JOHN<br>P.O. BOX 70475<br>EUGENE, OR 97401 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>TOKATLY, JOE<br>P.O. BOX 70475<br>EUGENE, OR 97401  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                             |

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05/04/04-80004-006 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:**  **JOE TOKATLY** **4-30-04** **541 684-5690**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #