

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90465 048 ****50.00

DOCUMENT # M99000000285

1. Entity Name
JAJT ENTERPRISES, LLC



Principal Place of Business

90 N. POLK ST.
EUGENE, OR 97402

Mailing Address

90 N. POLK ST.
EUGENE, OR 97402

DO NOT WRITE IN THIS SPACE



03142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
93-1210953

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** 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

**DO NOT WRITE
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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TOKATLY, JOHN
STREET ADDRESS	P.O. BOX 70475
CITY-ST-ZIP	EUGENE, OR 97401

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

3-16-07

Date

541 681-4048

Daytime Phone #