## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2002 8:00 am Secretary of State DOCUMENT # L0000003542 03-25-2002 90019 040 \*\*\*\*50.00 1. Entity Name AJLM, L.L.C. Principal Place of Business Mailing Address 23809 460 HARROUR ISLAND ROAD 480 HARBOUR ISLAND ROAD ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3635860 Not Applicable Zip Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name MOCCIO, JOHN Street Address (P.O. Box Number is Not Acceptable) 460 HARBOUR ISLAND ROAD ORLANDO FL 32809 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50:00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ■ Addition CR2E083 (9/01 TITLE ☐ Delete ☐ Chance MAME MOCCIO, JOHN MALIE STREET ADDRESS STREET ADORESS 460 HARBOUR ISLAND RD. CITY-ST-ZIP CITY-ST-2IP ORLANDO FL TITLE MGRM ☐ Delete TIRLE ☐ Change Addition NAME MOCCIO, REBECCA A NAME STREET ADDRESS STREET ADDRESS 460 HARBOUR ISLAND RD. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete Change ☐ Addition NAME NAME - -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY. ST. 2rp CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 508, Florida Statutes.

REQUIRED

SIGNATURE AND FREE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**SIGNATURE** 

407-859-0040

Daytime Phone #