


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000003542

1. Entity Name
AJLM, L.L.C.



Principal Place of Business 460 HARBOUR ISLAND ROAD ORLANDO FL 32809	Mailing Address 460 HARBOUR ISLAND ROAD ORLANDO FL 32809
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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1st MOORE CR2E083 (10/04)

City & State	City & State
Zip	Country

4. FEI Number **59-3635860**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**MOCCIO, JOHN
460 HARBOUR ISLAND ROAD
ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	MOCCIO, JOHN
STREET ADDRESS	460 HARBOUR ISLAND RD.
CITY-ST-ZIP	ORLANDO FL
TITLE	MGRM <input type="checkbox"/> Delete
NAME	MOCCIO, REBECCA A
STREET ADDRESS	460 HARBOUR ISLAND RD.
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000289953
CITY-ST-ZIP	04/06/05-80044-015 50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ DATE: **4/1/05**

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