


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00**  
**Secretary of State**

<b>DOCUMENT # L01000010921</b> 1. Entity Name <b>AEJ DEVELOPMENT LLC</b>	
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Principal Place of Business <b>C/O JUSTER DEVELOPMENT CO. 303 SOUTH BROADWAY, STE. 450 TARRYTOWN, NY 10591-5410</b>	Mailing Address <b>C/O JUSTER DEVELOPMENT CO. 303 SOUTH BROADWAY, STE. 450 TARRYTOWN, NY 10591-5410</b>
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04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>13-4180743</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  <b>UNITED CORPORATE SERVICES, INC. 9200 S. DADELAND BLVD., STE. 508 MIAMI, FL 33156</b>
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**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)

**400035552124**  
**05/06/04--01007--019 \*\*200.00**  
DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JUSTER, ANN E 303 S BROADWAY SUITE 450 TARRYTOWN, NY 10591</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM AEJ MANAGEMENT CORP 303 S BROADWAY SUITE 450 TARRYTOWN, NY 10591</b>
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**DO NOT WRITE  
IN THIS SPACE**

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:** *Ann E Juster*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

**4/21/04**  
Date

**914 524-7700**  
Daytime Phone #