


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000010985
 1. Entity Name
 AJ OF HOMESTEAD, LLC



Principal Place of Business 29400 SW 180TH AVE HOMESTEAD, FL 33030	Mailing Address PO BOX 902111 HOMESTEAD, FL 33030
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3701640	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JANKOWSKI, ANDRZEL
 29400 SOUTHWEST 180 AVENUE
 HOMESTEAD, FL 33030

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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)

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANKOWSKI, ANDRZEJ 29400 SOUTHWEST 180 AVENUE HOMESTEAD, FL 33030
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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: A. Jankowski 3/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #