


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 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



01162008 No Chg-LLC CR2E083 (12/07)

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000790131
01/23/08-80023-006 143.75

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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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: A. Jankowski 1/16/2008 305 321 4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #