

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054739

Entity Name: AJH WEST COAST, LLC

FILED  
Apr 05, 2006  
Secretary of State

**Current Principal Place of Business:**

14437 COUNTY LINE ROAD  
SPRING HILL, FL 346046627

**New Principal Place of Business:**

5332 BARCLAY AVE  
BROOKSVILLE, FL 34609

**Current Mailing Address:**

14437 COUNTY LINE ROAD  
SPRING HILL, FL 346046627

**New Mailing Address:**

5332 BARCLAY AVE  
BROOKSVILLE, FL 34609

FEI Number: 20-2578928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FYOCK, SHERRILYN  
14437 COUNTY LINE ROAD  
SPRING HILL, FL 346046627 US

**Name and Address of New Registered Agent:**

FYOCK, SHERRILYN  
5332 BARCLAY AVE  
BROOKSVILLE, FL 34609 US

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: SHERRILYN FYOCK

04/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FYOCK, SHERRILYN C  
Address: 14437 COUNTY LINE ROAD  
City-St-Zip: SPRING HILL, FL 346046627

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FYOCK, SHERRILYN C  
Address: 5332 BARCLAY AVE  
City-St-Zip: BROOKSVILLE, FL 34609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHERRILYN FYOCK

MGRM

04/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date