


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000013157 1. Entity Name AJ INVESTORS, LLC	
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Principal Place of Business P.O. BOX 370211 MIAMI, FL 33137	Mailing Address P.O. BOX 370211 MIAMI, FL 33137
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**DO NOT WRITE IN THIS SPACE**



04302008No Chg-LLC CR2E083 (12/07)

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

8. Name and Address of Current Registered Agent

ANTHONY S. ADELSON, P.A.  
 2100 EAST HALLANDALE BEACH BLVD.  
 SUITE 400  
 HALLANDALE BEACH, FL 33009

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARNETTE, CECIL P.O. BOX 370211 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGAN, JAMES 401 LINCOLN AVE CAPE CANAVERAL, FL 32921
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000946201  
 05/30/08-80039-001 138.75

**DO NOT WRITE 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:  4-28-08 954-453-3160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #