

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064461

FILED
Jul 10, 2006
Secretary of State

Entity Name: AJA INVESTMENT GROUP, LLC

Current Principal Place of Business:

3340 WINDMILL AVE
DELTONA, FL 32738 US

New Principal Place of Business:

Current Mailing Address:

3340 WINDMILL AVE
DELTONA, FL 32738 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIERLUISSI, ALBERT
381 EL CAMINO ST
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HICHBORN, FRANK
Address: 3340 WINDMILL AVE
City-St-Zip: DELTONA, FL 32738

Title: MGRM () Delete
Name: PIERLUISSI, ALBERT
Address: 381 EL CAMINO ST
City-St-Zip: DELTONA, FL 32738

Title: MGRM () Delete
Name: SALINSKI, ANDREW III
Address: 647 GAINSBORO ST
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANK HICHBORN

MGR

07/10/2006

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