

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085862

FILED
Mar 24, 2007
Secretary of State

Entity Name: ALJE HOLDINGS, LLC

Current Principal Place of Business:

1402 ROYAL PALM BEACH BLVD
BLDG 700, SUITE 110
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1402 ROYAL PALM BEACH BLVD
BLDG 700, SUITE 110
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, JEFFREY A
1402 ROYAL PALM BEACH BLVD
BLDG 700, SUITE 110
ROYAL PALM BEACH, FL 33411 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: MGRM () Delete
Name: SCHNEIDER, ALECIA B
Address: 1402 ROYAL PALM BEACH BLVD, #700-109
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGR () Delete
Name: SCHNEIDER, JEFFREY A
Address: 1402 ROYAL PALM BEACH BLVD, #700-110
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SCHNEIDER, JEFFREY A
Address: 1402 ROYAL PALM BEACH BLVD, #700-110
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: JEFFREY SCHNEIDER MGR 03/24/2007

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