

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90240 008 ****50.00

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03032006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000104333					
1. Entity Name AJA PRESTIGE PARK CONDO C, LLC					
Principal Place of Business 281 SANDPIPER AVENUE ROYAL PALM BEACH, FL 33411			Mailing Address 281 SANDPIPER AVENUE ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business 1000 Stinson Way Suite, Apt. #, etc. Unit # 111 City & State West Palm Beach, FL Zip 33411 Country USA		3. Mailing Address 1000 Stinson Way Suite, Apt. #, etc. Unit # 111 City & State West Palm Bch, FL Zip 33411 Country USA		4. FEI Number 86-1150494 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent GARCIA, ABIEL 281 SANDPIPER AVENUE ROYAL PALM BEACH, FL 33411				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Abiel Garcia</i> Signature, typed or printed name of registered agent and title if applicable				DATE 4/26/06 DATE	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, JATHYNIA 281 SANDPIPER AVENUE ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Abiel Garcia</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE 4/26/06 561-790-6910 Date Daytime Phone #	