


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|---------------------|---------------------------------|---|---|---|
| DOCUMENT # L99000000522 | | | |  | |
| 1. Entity Name AJ HONORE, LLC | | | | | |
| Principal Place of Business 1001 THIRD AVENUE WEST, SUITE 470 BRADENTON FL 34205 | | | Mailing Address PO BOX 111 BRADENTON FL 34206 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0896462 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BLALOCK LANDERS WALTERS & VOGLER, P.A. 802 11TH STREET WEST BRADENTON FL 34205 | | | 7. Name and Address of New Registered Agent | | |
| | | | 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 _____ (NOTE: Registered Agent signature required when rein-stated) | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKAY, JOHN M | | | NAME | |
| STREET ADDRESS | PO BOX 111 | | | STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL 34206 | | | CITY-ST-ZIP | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEPHENS, STANLEY E | | | NAME | |
| STREET ADDRESS | PO BOX 111 | | | STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL 34206 | | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | | | CITY-ST-ZIP | |



1st MOORE CR2E083 (10/05)

4. FEI Number **65-0896462** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

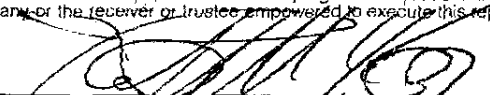
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when rein-stated) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.

SIGNATURE:  2/13/06 941 797 2777