2006 LIMITED LIABILITY COMPÂNY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000005823

1. Entity Name
AARONJOE, LLC



Principal Place of Business

333 TRESSLER DRIVE, SUITE B STUART, FL 34994 Mailing Address PO BOX 1407

STUART, FL 34995

FILED Mar 06, 2006 08:00 AM Secretary of State



02202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 27-0079164 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFRIES, DAVID M 101 EAST KENNEDY BLVD., SUITE 3000 TAMPA, FL 33602

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		}		
8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and acce	
SIGNATURE.		<u></u>		
	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agent signature/required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RESNICK, TODD A 333 TRESSLER DR, STE B STUART, FL 34994		800000457002 83/16/06-80852-885 50.00 NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS GITY-ST-ZIP		DC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS EITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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 it made under oath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

Todd A. Resnick

3/2/06 772-221-95