
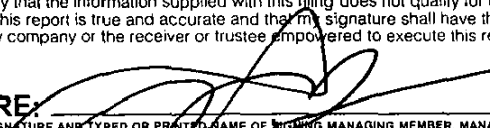


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90183 002 ****50.00

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|---|--|--|--|--|--|
| DOCUMENT # L04000005828 1. Entity Name AJS INVESTMENTS, LLC | | | |  | |
| Principal Place of Business 333 LAS OLAS WAY 3602 FT. LAUDERDALE, FL 33301 | | | Mailing Address 333 LAS OLAS WAY 3602 FT. LAUDERDALE, FL 33301 | | |
| 2. Principal Place of Business - No P.O. Box # 3000 N MILITARY TRL | | 3. Mailing Address 3000 N MILITARY TRL | | | |
| Suite, Apt. #, etc. C/O JAY SCHWEDELSON | | Suite, Apt. #, etc. C/O JAY SCHWEDELSON | | | |
| City & State BOCA RATON FL | | City & State BOCA RATON FL | | | |
| Zip 33431-6321 | | Country USA | | 4. FEI Number 20-0653451 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301 | | | | | |
| 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address 1201 HAYS STREET City TALLAHASSEE FL Zip Code 32301-2525 | | | | | |
| 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  DATE 4/5/07 <small>Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHWEDELSON, JAY 333 LAS OLAS WAY 3602 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3000 N MILITARY TRL BOCA RATON FL 33431-6321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | |
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| 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:  DATE 4/5/07 561-393-8200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small> | | | | | |