2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L04000054491

1. Entity Name
AJM COMMUNITY DEVELOPMENT LLC

Principal Place of Business	Mailing Address
20621 NW 22 CT. MIAMI GARDEN, FL 33056	20621 NW 22 CT. MIAMI GARDEN, FL 33056

DO NOT WRITE IN THIS SPACE

04262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRATT, JOEL E
20621 NW 22 CT.
MIAMI GARDEN, FL 33056

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PRATT, JOEL E
STREET ADDRESS	20621 NW 22 CT.
CITY-ST-ZIP	MIAMI GARDEN, FL 33056
TITLE	MGRM
NAME	CULMER, DELORES
STREET ADDRESS	6501 N.W. 17 AVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	MGRM
NAME	GADSON, TERESA L
STREET ADDRESS	20760 N. W. MIAMI CT.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	MGRM
NAME	RUFF, CASEY
STREET ADDRESS	21000 NW 17TH AVE #3
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	MGRM
NAME	ROBINSON, JOSEPH
STREET ADDRESS	1141 N.W. 65TH ST
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/07-80064-022 55.00

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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: Teresa L. Gadson Teresa L Gadson 4-27-07 305-754-4683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #