FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90053 031 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001732

1. Entity Name
AJA, LLC

20007452

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2875 NE 191st St.	PO Box 703
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc.
City & State Aventura, FL.	City & State Brookline Village, MA.
Zip 33180 / Country USA	Zip 02447 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 46-0466976 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Kerry E. Rosenthal
Street Address (P.O. Box Number is Not Acceptable): 2875 NE 191 St. Suite 500
City: Aventura FL Zip Code 33180

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.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager
NAME	Robert Rook
STREET ADDRESS	108 Codman Rd
CITY-ST-ZIP	Brookline, MA 02445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 1.10.03 617 232-2753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment
20007452

AJA LLC
PO Box 703
Brookline Village, MA 02447
617 232-2753

January 10, 2003
RE: AJA,LLC Uniform Business report

To Whom it May Concern:

Enclosed please find the Uniform Business Report Form for AJA, LLC Document number#L02000001732 along with a check in the amount of $55.00. Please send a Certificate of Status to Robert Rook PO Box 703 Brookline Village, MA 02447. Thank you

Robert Rook Manager