

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015436

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Entity Name:** AJ PROPERTY HOLDINGS, L.L.C.

**Current Principal Place of Business:**

7129 UNIVERSITY BLVD.  
WINTER PARK, FL 32792

**New Principal Place of Business:**

P.O. BOX 7100  
WINTER PARK, FL 327937100

**Current Mailing Address:**

7129 UNIVERSITY BLVD.  
WINTER PARK, FL 32792

**New Mailing Address:**

P.O. BOX 7100  
WINTER PARK, FL 327937100

FEI Number: 59-3710447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ASHTON, ROBERT L  
7129 UNIVERSITY BLVD.  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ASHTON, ROBERT L  
Address: 7129 UNIVERSITY BLVD.  
City-St-Zip: WINTER PARK, FL 32792

Title: MGR ( ) Delete  
Name: JARVIS, DENNIS L  
Address: 1608 CHERRYWOOD LANE  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT L. ASHTON

MGR

01/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date