


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2006 8:00 am
Secretary of State

06-30-2006 90059 029 ****50.00

DOCUMENT # L01000003476					
1. Entity Name A & J REALTY, LLC					
Principal Place of Business 5110 NW 12TH AVENUE FORT LAUDERDALE, FL 33309			Mailing Address 5110 NW 12TH AVENUE FORT LAUDERDALE, FL 33309		
2. Principal Place of Business 5997 Seminole Woods Drive Suite, Apt. #, etc.		3. Mailing Address 5997 Seminole Woods Drive Suite, Apt. #, etc.			
City & State Port Orange, FL		City & State Port Orange, FL		4. FEI Number 65-1085961	
Zip 32127		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, THOMAS M 2400 EAST COMMERCIAL BOULEVAR, SUITE 820 FLORIDA, FL 33308			7. Name and Address of New Registered Agent Name Mark J. Lynn Street Address (P.O. Box Number is Not Acceptable) 2101 West Commercial Boulevard, #2800 City Fort Lauderdale FL Zip Code 33309		
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 _____ <small>Signature required or printed name of registered agent and title if applicable.</small>				DATE 6/28/06	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME GOLDSTEIN, JANET STREET ADDRESS 5110 NW 12TH AVENUE CITY-ST-ZIP FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 5997 Seminole Woods Drive CITY-ST-ZIP Port Orange, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME GOLDSTEIN, ALAN STREET ADDRESS 5110 NW 12TH AVENUE CITY-ST-ZIP FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 5997 Seminole Woods Drive CITY-ST-ZIP Port Orange, FL 32127	<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	
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	
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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 6/28/06	
Daytime Phone #					