

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008052

Entity Name: AKJ, LLC

FILED
May 19, 2008
Secretary of State

Current Principal Place of Business:

5751 THOROUGHbred LANE
SOUTHWEST RANCHES, FL 33330

New Principal Place of Business:

11300 N.W. SOUTH RIVER DR.
MEDLEY, FL 33178

Current Mailing Address:

5751 THOROUGHbred LANE
SOUTHWEST RANCHES, FL 33330

New Mailing Address:

11300 N.W. SOUTH RIVER DR.
MEDLEY, FL 33178

FEI Number: 65-1119561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOHATCH, JOHN S ESQ
2600 DOUGLAS ROAD, PH 8
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: RODRIGUEZ, BETTY J
Address: 5751 THOROUGHbred LANE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: MGRM () Delete
Name: RODRIGUEZ, JOSE
Address: 5751 THOROUGHbred LANE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, BETTY J
Address: 11300 N.W. SOUTH RIVER DR.
City-St-Zip: MEDLEY, FL 33178

Title: MGRM (X) Change () Addition
Name: RODRIGUEZ, JOSE
Address: 11300 N.W. SOUTH RIVER DR
City-St-Zip: MEDLEY, FL 33178

I hereby certify that the information supplied with this filing does not qualify 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: JOSE RODRIGUEZ

MGRM

05/19/2008

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