


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L01000010921 1. Entity Name AEJ DEVELOPMENT LLC	
--	---

Principal Place of Business C/O JUSTER DEVELOPMENT CO. 303 SOUTH BROADWAY, STE. 450 TARRYTOWN, NY 10591-5410	Mailing Address C/O JUSTER DEVELOPMENT CO. 303 SOUTH BROADWAY, STE. 450 TARRYTOWN, NY 10591-5410
---	---



04242007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4180743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
 9200 S. DADELAND BLVD., STE. 508  
 MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

U0000075783D  
 05/23/07-80090-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JUSTER, ANN E 303 S BROADWAY SUITE 450 TARRYTOWN, NY 10591
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AEJ MANAGEMENT CORP 303 S BROADWAY SUITE 450 TARRYTOWN, NY 10591
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**

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: *Ann Juster* Ann E Juster 4/27/07 (914) 524-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #