2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # L01000021544 1. Entity Name AHJŤJV, LLC Principal Place of Business Mailing Address 1255 N.W. 17TH AVE. 1255 N.W. 17TH AVE. DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 04222005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1159519 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAKRADOONI, J. MICHAEL DO NOT WRITE 967 CYPRESS DRIVE DELRAY BEACH, FL 33483 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. Signature, typed or printed name of registered agent and little if applicable, (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE PAKRADOONI, J.MICHAEL NAME U00000336356 04/27/05-80117-025 50.00 967 CYPRESS DRIVE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 TITLE MGR PAKRADOONI, THOMAS H NAME STREET ADDRESS 64 IVY MILLS ROAD CITY-ST-ZIP GLEN MILLS, PA 19342 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 flability company or the receiver or trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

J. Michael Pakradooni SIGNATURE: TYPED OR PAINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4/22/05

561-278-1937

Daytime Phone #

FILED