

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90172 001 \*\*\*750.00

**DOCUMENT # L01000021930**

1. Entity Name  
**A&JS HOLDING LLC**



Principal Place of Business  
**M JUUL HALVORSENSVEL 23  
JESSHEIM, NO 2050**

Mailing Address  
**1333 NORTH DUVAL ST.  
TALLAHASSEE, FL 32302**



03032005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**FLORIDA FILING & SEARCH SERVICES, INC.  
1333 NORTH DUVAL ST.  
TALLAHASSEE, FL 32302**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MR. JAN ERIK KNUDSCGAARD SKOU
STREET ADDRESS	M. JUUL HALCORSENSVEI 23
CITY-ST-ZIP	JESSHEIM, 2050 NORWAY,

TITLE	MGR
NAME	MRS. ANNI HESEL SKOU
STREET ADDRESS	M. JUUL HALCORSENSVEI 23
CITY-ST-ZIP	JESSHEIM, 2050 NORWAY,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 exemption stated in Section 119.07(3)(i), 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:**

*Janet M. Caruccio*  
**Janet M. Caruccio**

**4-21-05**

**302-401-5750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #