## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 06, 2004 08:00 AM Secretary of State

ANNUAL REPURT				Secretary of State		
DOCUMENT # L0200005366  1. Entity Name AEJ REALTY LIMITED LIABILITY COMPANY					J 02.2000	
Principal Place of Business Mailing Address 6012 CAYMUS LOOP 8601 GEORGIA AVE. WINDERMERE, FL 34786 SUITE 1001 SILVER SPRING, MD 20910						
DO NOT WRITE IN THIS SPA			CE	02142004 No Chg-LLC CR2E083 (10/03)  4. FEI Number		
	6. Name and Address of Current F	egistered Agent				
BAKLOR, EDWARD 6012 CAYMUS LOOP WINDERMERE, FL 34786				DO NOT WRIT		
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 life if applicable.  (NOTE. Registered Agent signature required when reinstating)  DATE.						
Filing Fee is \$50.00 Due by May 1, 2004			U00000078357 03/08/04-80021-025_50.00			
9.	MANAGING MEMBER	RS/MANAGERS	1		T 000 30°00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKLOR, EDWARD 6012 CAYMUS LOOP WINDERMERE, FL 34786		- 	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS GITY - ST- ZIP	MGR CANNON, JEFFERY 6012 CAYMUS LOOP WINDERMERE, FL 34786					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRIT	Έ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPAC	E	
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE			1			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

NAME STREET ADDRESS

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Daytime Phone #