

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009187

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: AJAV, L.L.C.

## Current Principal Place of Business:

C/O JAMES A. BARRIOS, ESQ.  
310 EAST MAIN ST.  
LAKELAND, FL 33801

## New Principal Place of Business:

C/O JAMES A. BARRIOS, P.L.  
255 NORTH KENTUCKY AVENUE, SUITE 201  
LAKELAND, FL 33801

## Current Mailing Address:

C/O JAMES A. BARRIOS, ESQ.  
310 EAST MAIN ST.  
LAKELAND, FL 33801

## New Mailing Address:

C/O JAMES A. BARRIOS, P.L.  
255 NORTH KENTUCKY AVENUE, SUITE 201  
LAKELAND, FL 33801

FEI Number: 32-0016835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARRIOS, JAMES A ESQ  
310 E. MAIN ST.  
LAKELAND, FL 33801 US

## Name and Address of New Registered Agent:

JAMES A. BARRIOS, P.L.  
255 NORTH KENTUCKY AVENUE  
SUITE 201  
LAKELAND, FL 33801 US

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: JAMES A. BARRIOS, ESQ.,

04/28/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: VARGAS, ANA  
Address: 310 E. MAIN ST.  
City-St-Zip: LAKELAND, FL 33801

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VARGAS, ANA  
Address: 255 NORTH KENTUCKY AVENUE, SUITE 201  
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANA VARGAS

MGRM

04/28/2004

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