

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AB)



FILED
Mar 11, 2005 8:00 am
Secretary of State

02-02-2005 90156 028 ****55.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L03000002895			
1. Entity Name A&J REALTY HOLDINGS, LLC			
Principal Place of Business 3822 WEST 12TH AVENUE HIALEAH FL 33012		Mailing Address 3822 WEST 12TH AVENUE HIALEAH FL 33012	
2. Principal Place of Business 3857 W. 16 Ave		3. Mailing Address 3857 W. 16 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33012	Country USA	Zip 33012	Country U.S.A.
4. FEI Number 65-1172360		Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired A		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, PEDRO A ESQ. 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAYON, MAURICE 3822 WEST 12TH AVENUE HIALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3857 W. 16 Ave HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 1/26/05 3058236721	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	