2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 22, 2004 8:00 am Secretary of State DOCUMENT # L03000009229 03-04-2004 90069 018 ****50 00 1. Entity value AJ ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 2509 W. KANSAS AVE., APT #5 2509 W. KANSAS AVE., APT #5 34001892 TAMPA FL 33629 2. Principal Place of Business Mailing Address 302 <u>30a Nua Cirele</u> Nava Suite, Apt. #, etc. Suite, Apt, #. etc. MOORE CR2E083 (11/03) Applied For City & State 4. FEI Number 32-0066182 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 48.5 4 .-. . JANKE, AARON C 2509 W. KANSAS AVE., APT #5 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33629** City Zip Code 8. The above namer endity subprifs 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 a SIGNATURE ed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstaking) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME JANKE, AARON C NAME STREET ADDRESS 2509 W. KANSAS AVE., APT #5 STREET ADDRESS CITY-ST-21P TAMPA FL 33629 CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME. NAME. STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP. CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change M Addition TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITS F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 opticates impowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED