## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State** DOCUMENT # L03000022243 01-24-2008 90068 044 \*\*\*138.75 A.D.J. PROPERTIES, LLC Principal Place of Business Mailing Address **FUUUU3040** 3930 N.W. 26TH STREET 3930 N.W. 26TH STREET MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 19301 SW 106th Avenue 19301 SW 106th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 Chg-LLC CR2E083 (12/06) Suite 15 Suite 15 City & State Applied For City & State 4. FEI Number Miami, Florida 43-2031851 Not Applicable Miami, Florida Country Zip \$5.00 Additional 5. Certificate of Status Desired 33157 USA 33157 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCCORMICK, ARTHUR F Street Address (P.O. Box Number is Not Acceptable) 7550 SOUTHWEST 57TH AVENUE, SUITE 203 SOUTH MIAMI, FL 33143 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE MGRM Change Addition Janney, Alan D 19301 SW 106th Avenue, Suite 15 JANNEY, ALAN D NAME NAME STREET ADDRESS 3930 NW 26TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP Miami, Florida 33157 MGRM TITLE ☐ Delete TITLE MGRM Addition Janney, David F. JANNEY, DAVID F NAME NAME STREET ADDRESS 3930 NW 26TH STREET STREET ADDRESS 19301 SW 106th Avenue, Suite 15 CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-7IP Miami, Florida 33157 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED Jan 24, 2008 8:00 am