

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033536

Entity Name: AJ 18 INVESTMENT LLC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

138 PARK DR
BAL HARBOUR, FL 33154

New Principal Place of Business:

Current Mailing Address:

138 PARK DR.
BAL HARBOUR, FL 33154

New Mailing Address:

FEI Number: 20-0207827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIEDRA, AURELIO A CPA
780 NW 42 AVE
#516
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

PIEDRA, AURELIO A CPA
9100 SOUTH DADELAND BLVD
#912
MIAMI, FL 33156 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: AURELIO PIEDRA

01/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KAMHAZI, ALBERTO
Address: 138 PARK DR
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGR () Delete
Name: KAMHAZI, JACOBO
Address: 10175 COLLINS AVE. # 1104
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGR (X) Delete
Name: KAMHAZI, ALBERTO
Address: 138 PARK DR
City-St-Zip: BAL HARBOUR, FL 33154

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALBERTO KAMHAZI

MGR

01/05/2007

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