## 2005 LIMITED LIABILITY COMPANY \_\_ANNUAL REPORT

## FILED Apr 29, 2005 08:00 AM Secretary of State

| DOCUMENT # L03000036539  1. Entity Name A.J. INVESTMENTS L.L.C.   | Secretary of State   |
|---|--|
| Principal Place of Business Mailing Address 1000 NW 14TH STREET 1000 NW 14TH STREET MIAMI, FL 33136 MIAMI, FL 33136   |  |
| DO NOT WRITE IN THIS SPACE  | 01132005 No Chg-LLC  |
| 6. Name and Address of Current Registered Agent   | 20-0250251 Not Applicable  5. Certificate of Status Desired \$5.00 Additional  |
| FAIBISCH, CHARLES 1000 NW 14TH STREET MIAMI, FL 33136   | DO NOT WRITE<br>IN THIS SPACE  |
| 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   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |  |
| 9MANAGING MEMBERS/MANAGERS  |  |
| TITLE MGRM NAME TOBACK, DESIREE STREET ADDRESS 1000 NW 14TH STREET CITY-ST-ZIP MIAMI, FL 33136  | U00000342214<br>U4/23/05-80047-007 50.00   |
| TITLE MGRM NAME TOBACK, JADE STREET ADDRESS 1000 NW 14TH STREET   |  |
| CITY-ST-ZIP MIAMI, FL 33136   |  |
| TITLE MGRM NAME TOBACK, AMBER STREET ADDRESS 1000 NW 14TH STREET  | DO NOT WRITE   |
| CITY-ST-ZIP MIAMI, FL 33136  TITLE  NAME  STREET ADDRESS  | IN THIS SPACE  |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  |  |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  |  |
| 11. I hereby certify that the information supplied with this fling does not qualify for the exemption sta   | ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information and a sign and contact that I am a management as if made under certify that I am a management as if made under certify that I am a management as if made under certify that I am a management as if made under certify that I am a management as if made under certify that I am a management as if made under certify that I am a management as if made under certify that the information and the certification is the certification of t |
| 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 eceiver or trystee employered to execute this report as required by Chapter 608, Florida Statutes. |  |
| SIGNATURE:  **SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESE   | 4 22 05 305 38 1-7000 NTATIVE Dail Cayline Phone #   |