## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000036975

1. Entity Name

A & J OF 1430 MASON AVENUE, LLC



FILED May 01, 2006 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1430 MASON AVE. DAYTONA BEACH, FL 32117 1430 MASON AVE. DAYTONA BEACH, FL 32117



04192006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-0314684		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ORTOLANI, JOHN A 1430 MASON AVE. DAYTONA BEACH, FL 32117

## DO NOT WRITE IN THIS SPACE

DAYTONA	BEACH, FL 32117	IN TI	HIS SPACE
	named entity submits this statement for the purpose of changing its retions of registered agent.	gistered office or registered agent, or both, i	in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typod or printed name of registered agent and title if applicable. (NOTE, f	Registered Agent signature required when reinstating)	DATE
F	lling Fee is \$50.00 ue by May 1, 2006	· · · · · · · · · · · · · · · · · · ·	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR ORTOLANI, JOHN A 1368 JOHN ANDERSON DR. ORMOND BEACH, FL 32176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORTOLANI, ANGELA 1368 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176		U00000546797 05/11/06-80129-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO 1	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY. ST71P			

11. I hereby 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 call; that I am a managing member or manager of the limited liability company or the receiver contributes.

SIGNATURE:

SIGNATURE AND TYPICO OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #