2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jul 19, 2005 8:00 am Secretary of State **DOCUMENT # LQ3000036976** 07-19-2005 90010 005 ****50.00 A & J OF 1620 MASON AVENUE, LLC Principal Place of Business Mailing Address 1430 MASON AVE. 1430 MASON AVE. DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117 07072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0314543 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORTOLANI, JOHN A DO NOT WRITE 1430 MASON AVE. DAYTONA BEACH, FL 32117 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 Sometime, typed or printed name of registered against and site if applicable. (NOTE: Registered Agent agniture required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE ORTOLANI, JOHN A MARKET 1368 JOHN ANDERSON DR. STREET ADDRESS ORMOND BEACH, FL 32176 CITY-ST-789 TITLE Ortolani Angela STREET ADORESS CITY-ST-ZIP TITLE WARE. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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 or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZP TITD F NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE KND TYPE OR PRINTED NAME OF EIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED