

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053750

Entity Name: AJAX EQUITY, LLC

FILED
Aug 12, 2005
Secretary of State

Current Principal Place of Business:

226 OLENDER AVENUE APT 1
PALM BEACH, FL 33480

New Principal Place of Business:

224 DAURA STREET
SUITE #508-509
WEST PALM BEACH, FL 33401

Current Mailing Address:

226 OLENDER AVENUE APT 1
PALM BEACH, FL 33480

New Mailing Address:

224 DATURA STREET
SUITE #508-509
PALM BEACH, FL 33480

FEI Number: 73-3139492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRASKER, PAUL ESQ
625 NORTH FLAGLER DRIVE 9TH FL
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JACKSON, ADAM
Address: 226 OLENDER AVENUE APT 1
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Delete
Name: JACKSON, ALFRED G
Address: 210 E 18TH STREET
City-St-Zip: NEW YORK, NY 10003

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: ADAM JACKSON

MGRM

08/12/2005

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