2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2008
Secretary of State

DOCUMENT# L04000002411

Entity Name: A&J'S LLC

Current Principal Place of Business:

19143 WHITE WING PLACE
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

19143 WHITE WING PLACE
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 20-0580714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAUSER, AUGUST
19143 WHITE WING PLACE
TAMPA, FL 33647 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: MAUSER, AUGUST J
Address: 19143 WHITE WING PLACE
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM ( ) Delete
Name: FERBER, JAIME
Address: 19143 WHITE WING PLACE
City-St-Zip: TAMPA, FL 33647

Title: MGRM (X) Delete
Name: JEAN M. MAUSER,
Address: 19143 WHITE WING PLACE
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: MAUSER, AUGUST J
Address: 19143 WHITE WING PLACE
City-St-Zip: TAMPA, FL 33647 US

Title: V (X) Change ( ) Addition
Name: MAUSER, JEAN M
Address: 19143 WHITE WING PLACE
City-St-Zip: TAMPA, FL 33647

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

I hereby certify that the information supplied with this filing does not qualify 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: AUGUST MAUSER P 01/13/2008

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