

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008961

FILED
Jan 21, 2007
Secretary of State

Entity Name: A J TOBY PROPERTIES, L.L.C.

Current Principal Place of Business:

9 ISLAND AVE, UNIT 2407
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

9 ISLAND AVE, UNIT 2407
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 54-2143820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KURZWEIL, HOWARD E ESQ
TOWER 101, SUITE 1700
101 NE THIRD AVENUE
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

KURZWEIL, HOWARD E ESQ
TOWER 101, SUITE 1500
101 NE THIRD AVENUE
FT. LAUDERDALE, FL 33301 US

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:

01/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBERTS, ALAN K
Address: 9 ISLAND AVE, UNIT 2407
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: LINARES, JORGE
Address: 9 ISLAND AVE, UNIT 2407
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LINARES, JORGE H
Address: 9 ISLAND AVE, UNIT 2407
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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: JORGE H LINARES

MR.

01/21/2007

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