## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: DAM DOUH M GOROLD REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED HAME OF SKINNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## **DOCUMENT # L04000010872** Secretary of State 1. Entity Name AJOUR TRANS, LLC Principal Place of Business Mailing Address 2727 W OAKRIDGE RD, BLDG 5, APT #8 2727 W OAKRIDGE RD. BLDG 5, APT #8 ORLANDO, FL 32809 ORLANDO, FL 32809 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 03052008 CR2E083 (11/05) Chg-LLC Applied For City & State 4. FEI Number City & State 20-1055784 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GEORGY, MAMDOUH Street Address (P.O. Box Number is Not Acceptable) 2727 W OAKRIDGE RD, BLDG 5, APT #8 ORLANDO, FL 32809 Zip Code City 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 Supreture, typed or printed name of implatered agent and title it applicable. (NOTE: Registered Agent signature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2008 Make check payable to Fiorida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11712 MGRM TITLE ☐ Change Addition ☐ Delete GEORGY, MAMDOUH NAME HAME STREET ADDRESS 2727 W OAKRIDGE RD, BLDG 5, APT #8 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32809 CHY-ST-ZIP TILE Addition TITLE ☐ Dolete NAME NAME STREET ADDRESS STREET ACCORCSS CITY-ST-ZIP CATY-ST-ZIP ☐ Change nossibbA 🔲 TITLE □ Delete 7/1) F HAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-S1-ZIP TILL ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CYTY - ST- 7/P TITLE ☐ Delete HILE ☐ Change □ Addition NAME MASAF STREET ADDRESS STREET ADDRESS CXTY-ST-ZIP CITY-SI-20P ☐ Delete TITLE ☐ Change ☐ Addition TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP 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 shell have the same legal effect as if made under cath; 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.

FILED

Date

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Mar 13, 2006 08:00 AM