


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000014378 1. Entity Name AJBVK, LLC	
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Principal Place of Business 356 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	Mailing Address 356 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01072006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0859858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENDALL, M. ELENA 356 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
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01/18/06 08:00 AM
01/23/06-80024-002 \$0.00

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 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: *M. Elena Kendall* Date: 1/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE