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Secretary of State
04-26-2005 90022 034 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000024924

1. Entity Name
A & J ASSOCIATES, L.L.C.

20047867

04142005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
10231 EMERALD WOODS AVE ORLANDO, FL 32836 US	10231 EMERALD WOODS AVE ORLANDO, FL 32836 US
2. Principal Place of Business: P.O. Box 304	3. Mailing Address: P.O. Box 304
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LOUGHMAN - FL.	City & State: LOUGHMAN - FL
Zip: 33858-0304 Country: USA	Zip: 33858-0304 Country: USA

4. FEI Number: 11-3715996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAGNEJA, RAMESH 10231 EMERALD WOODS AVE ORLANDO, FL 32836	Name: ARUN JOSHI Street Address (P.O. Box Number is Not Acceptable): 142 PINEWOOD DRV. City: DAVENPORT FL Zip Code: 33896

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSHI, ARUN 33202 BRACKENBURY DR SOLON, OH 44139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSHI ARUN 142 PINEWOOD DRV. ~~DAVENPORT - FL. 33896~~ ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Arun Joshi 4-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #