

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000024924		
1. Entity Name A & J ASSOCIATES, L.L.C.		

Principal Place of Business P.O. BOX304 LOUGHMAN, FL 33855-0304 US	Mailing Address P.O. BOX304 LOUGHMAN, FL 33855-0304 US
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07142008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3715996	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

ARUN, JOSHI
 142 PINWOOD DR
 DAVENPORT, FL 33896

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 _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOSHI, ARUN 142 PINWOOD DR DAVENPORT, FL 33896
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 07/17/08-80003-012-138.75

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: Arum Joshi (ARUN JOSHI) 7-14-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #