

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038612

Entity Name: AJN PROPERTIES, LLC

FILED
Jan 03, 2005
Secretary of State

Current Principal Place of Business:

4753 AVORN CIRCLE
SARASOTA, FL 34233

New Principal Place of Business:

4753 ACORN CIRCLE
SARASOTA, FL 34233

Current Mailing Address:

4753 AVORN CIRCLE
SARASOTA, FL 34233

New Mailing Address:

4753 ACORN CIRCLE
SARASOTA, FL 34233

FEI Number: 30-0252850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARRARD, DAVID
4753 AVORN CIRCLE
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

JARRARD, DAVID
4753 ACORN CIRCLE
SARASOTA, FL 34233 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:

01/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JARRARD, DAVID A
Address: 4753 AVORN CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: NILSEN, BARBARA I
Address: 4753 AVORN CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: ALLGIRE, MICHAEL N
Address: 3124 SAMARA DRIVE
City-St-Zip: TAMPA, FL 33618

Title: MGRM (X) Delete
Name: ALLAIRE, CAROL R
Address: 3124 SAMARA DRIVE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JARRARD, DAVID A
Address: 4753 ACORN CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: MGRM (X) Change () Addition
Name: NILSEN, BARBARA I
Address: 4753 ACORN CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: MGRM (X) Change () Addition
Name: ALLGIRE, MICHAEL W
Address: 3124 SAMARA DRIVE
City-St-Zip: TAMPA, FL 33618

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID A. JARRARD

MGRM

01/03/2005

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