2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# L04000038612

Entity Name: AJN PROPERTIES, LLC

Current Principal Place of Business:

2734 DICK WILSON DRIVE
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

2734 DICK WILSON DRIVE
SARASOTA, FL 34240

New Mailing Address:

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
2734 DICK WILSON DRIVE
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JARRARD, DAVID A
Address: 2734 DICK WILSON DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: MGRM ( ) Delete
Name: NILSEN, BARBARA I
Address: 2734 DICK WILSON DRIVE
City-St-Zip: SARASOTA, FL 34240

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

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: ALLGIRE, MICHAEL W
Address: 5108 ABISHER WOOD LAND
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 JARRARD MGRM 04/16/2008

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