


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L04000054491	
1. Entity Name AJM COMMUNITY DEVELOPMENT LLC	

Principal Place of Business 20621 NW 22 CT. MIAMI GARDEN, FL 33056	Mailing Address 20621 NW 22 CT. MIAMI GARDEN, FL 33056
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DO NOT WRITE IN THIS SPACE

	
04262007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PRATT, JOEL E 20621 NW 22 CT. MIAMI GARDEN, FL 33056
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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRATT, JOEL E 20621 NW 22 CT. MIAMI GARDEN, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CULMER, DELORES 6501 N.W. 17 AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GADSON, TERESA L 20760 N. W. MIAMI CT. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUFF, CASEY 21000 NW 17TH AVE #3 MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, JOSEPH 1141 N.W. 65TH ST MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/23/07-80064-022 55.00

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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: TERESA L. GADSON 4-27-07 305-754-4623

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