
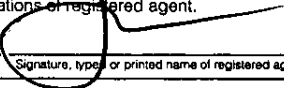
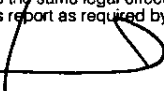


FILED
Apr 27, 2005 8:00 am
Secretary of State

14001419

DOCUMENT # L04000058114				04-27-2005 90023 032 ****50.00	
1. Entity Name AJ DAYTONA DEVELOPMENT, LLC					
Principal Place of Business 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32806		Mailing Address 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808			
2. Principal Place of Business 61 W COLONIAL DR		3. Mailing Address 61 W COLONIAL DR		14001419	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062005 Chg-LLC CR2E083 (10/03)	
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 20-1452360	
Zip 32801		Country USA		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 SHOEMAKER, JOHN B 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 61 W. COLONIAL DR City ORLANDO FL Zip Code 32801			
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  DATE 4/22/05 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee Is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE P <input type="checkbox"/> Delete NAME ALBERT KODSI STREET ADDRESS 61 W COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32801			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE V <input type="checkbox"/> Delete NAME JOHN B SHOEMAKER STREET ADDRESS 61 W COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32801			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VPT <input type="checkbox"/> Delete NAME ODED COHEN STREET ADDRESS 61 W COLONIAL DR CITY-ST-ZIP ORLANDO, FL 32801			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE V <input type="checkbox"/> Delete NAME JOSEPH KODSI STREET ADDRESS 1499 W PALMETO PARK RD #200 CITY-ST-ZIP BOCA RATON, FL 33846			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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:  DATE 4/22/05 4072947931					