

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059973

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: AJ PROPERTY MANAGEMENT LLC

**Current Principal Place of Business:**

9870 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

9870 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAT REGISTERED AGENTS, LLC  
44 WEST FLAGLER STREET  
SUITE 675  
MIAMI, FL 33130 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: PEQUIGNOT, JOHN  
Address: 9870 WEST SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGR ( ) Delete  
Name: MARLOWE, AARON  
Address: 9870 WEST SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33065 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PEQUIGNOT, JOHN  
Address: 4332 NW 120 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGR (X) Change ( ) Addition  
Name: MARLOWE, AARON  
Address: 4332 NW 120 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: JOHN PEQUIGNOT

MMGR

01/16/2008

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