


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 26, 2005 8:00 am
Secretary of State

04-29-2005 90050 002 ****50.00

DOCUMENT # L04000083555 1. Entity Name AJC HEART PROPERTIES, LLC			
Principal Place of Business 12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE FL 33470		Mailing Address 12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE FL 33470	
2. Principal Place of Business Suite, Apt. #, etc. <i>Same</i> City & State <i>Same</i> Zip <i>Palm Beach</i>		3. Mailing Address Suite, Apt. #, etc. <i>Same</i> City & State <i>Same</i> Zip _____ Country _____	
4. FEI Number 20-2560343		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/04)	
6. Name and Address of Current Registered Agent BYRD, BARRY B 7108 FAIRWAY DRIVE SUITE 225 PALM BEACH GARDENS FL 33418		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 re-stating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VEDERE, AMARNATH 12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VENUGOPAL, CHANDRA 12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FOUCAULD, JEAN 12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		4-25-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone # 361-793-6100	