


FILED
May 07, 2007 8:00 am
Secretary of State

60049491

DOCUMENT # L04000088884				05-07-2007 90380 006 ****50.00	
1. Entity Name AJDP, LLC					
Principal Place of Business 37000 PORTOFINO CIRCLE, #101 C/O ALAN BORTNICK PALM BEACH GARDENS, FL 33418		Mailing Address 37000 PORTOFINO CIRCLE, #101 C/O ALAN BORTNICK PALM BEACH GARDENS, FL 33418			
2. Principal Place of Business - No P.O. Box # 11214 ORANGE Hibiscus Lane Suite, Apt. #, etc.		3. Mailing Address 11214 ORANGE Hibiscus Lane Suite, Apt. #, etc.			
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL		4. FEI Number 20-2437151	
Zip 33418		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BORTNICK, ALAN 37000 PORTOFINO CIRCLE, #101 PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name BORTNICK, ALAN Street Address (P.O. Box Number is Not Acceptable) 11214 ORANGE Hibiscus Lane City PALM BEACH GARDENS FL Zip Code 33418	
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 <u>Alan L. Bortnick MGR.</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BORTNICK, ALAN 37000 PORTOFINO CIRCLE, #101 11214 ORANGE Hibiscus Lane PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BORTNICK, ALAN 11214 ORANGE Hibiscus Lane PALM BEACH GARDENS, FL 33418	<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
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
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
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 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: <u>Alan L. Bortnick</u> 5/3/07 561-622-1046 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					