

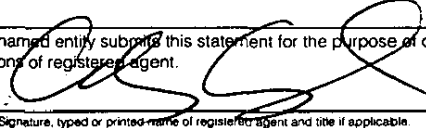
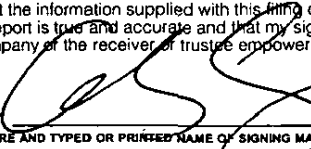


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90276 030 ****50.00

DOCUMENT # L04000092275 1. Entity Name ATJ DEVELOPMENT, LLC							
Principal Place of Business 12744 EDENBRIDGE COURT JACKSONVILLE, FL 32223			Mailing Address 12744 EDENBRIDGE COURT JACKSONVILLE, FL 32223				
2. Principal Place of Business, No P.O. Box # 2950 Halcyon Lane Suite, Apt. #, etc. Suite 205		3. Mailing Address 2950 Halcyon Lane Suite, Apt. #, etc. Suite 205		 02162007 Chg-LLC CR2E083 (12/06)			
City & State Jacksonville, Florida		City & State Jax FL					
Zip 32223		Country U.S.A.					
Zip 32223		Country U.S.A.					
4. FEI Number 81-0660035				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				60017337			
6. Name and Address of Current Registered Agent BOATRIGHT, SCOTT R ESQ 6101 GAZEBO PARK PLACE NORTH SUITE 101 JACKSONVILLE, FL 32257						7. Name and Address of New Registered Agent Name Andrew S Akel Street Address (P.O. Box Number is Not Acceptable) 12744 Edenbridge Ct. City Jax FL Zip Code 32223	
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 02/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						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 AKEL, ANDREW S 12744 EDENBRIDGE COURT JACKSONVILLE, FL 32223	<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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: 				Date 02/16/07 (904) 708 2714			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							