

FILED
Apr 24, 2006 8:00 am
Secretary of State

DOCUMENT # L05000006360

Mailing Address
ATTN: JAMES G. SANSONE
120 S. CENTRAL AVE., SUITE 500
ST. LOUIS, MO 63105

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E083 (11/05)

20-2196511

| | |
|-------------|--|
| Applied For | |
|-------------|--|

| |
|----------------|
| Not Applicable |
|----------------|

7

\$5.00 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

| | |
|-----|-------------------|
| 10. | ADDITIONS/CHANGES |
|-----|-------------------|

☐ Datele

11/11

114

 Delete☐ Delete

10/10

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------------------|-----------------------------------|
|-------|---------------------------------|-----------------------------------|

| | |
|-----------------------|---|
| | <input type="checkbox"/> Orange <input type="checkbox"/> Hudson |
| 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"/> Change | <input type="checkbox"/> Addition |
|-----------------|---------------------------------|-----------------------------------|
| 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"/> Change | <input type="checkbox"/> Addition |
| 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 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:

James G. Sansone, Manager

4/20/04

314.727.6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #

April 20, 2006

ATTACHMENT

40058369

#1050000006360



Florida Department of State
Division of Corporation
PO Box 6478
Tallahassee, FL 32314

Re: AJBDN, LLC

Dear Sir:

Enclosed please find the 2006 Limited Liability Company Annual Report for the above along with our check for filing fee in the amount of \$50.00.

Should you have any questions please contact me. Thank you for your cooperation.

Sincerely,

Sharon Litteken
Sharon Litteken
Executive Vice President

/s/

Enclosures

cc: Mr. Matthew Schneider

SANSONE GROUP, INC.
Guiding Visionary Properties™

120 S. Central

Suite Five Hundred

Saint Louis, Missouri

63105-1705

314.727.6664 phone

314.727.6101 facsimile

www.sansonegroup.com