2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000006360

1. Entity Name
AJBDN, LLC

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

DO NOT WRITE IN THIS SPACE

02212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2196511
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000719130
05/01/07-80051-012 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SANSONE, ANTHONY F SR
STREET ADDRESS	120 S. CENTRAL AVE., SUITE 500
CITY-ST-ZIP	ST. LOUIS, MO 63105
TITLE	MGR
NAME	SANSONE, DOUGLAS G
STREET ADDRESS	120 S. CENTRAL AVE., STE. 500
CITY-ST-ZIP	ST. LOUIS, MO 631051705
TITLE	MGR
NAME	SANSONE, TIMOTHY G
STREET ADDRESS	120 S. CENTRAL AVE., STE. 500
CITY-ST-ZIP	ST. LOUIS, MO 631051705
TITLE	MGR
NAME	SANSONE, NICHOLAS G
STREET ADDRESS	120 S. CENTRAL AVE., STE. 500
CITY-ST-ZIP	ST. LOUIS, MO 631051705
TITLE	MGR
NAME	SANSONE, JAMES G
STREET ADDRESS	120 S. CENTRAL AVE., STE. 500
CITY-ST-ZIP	ST. LOUIS, MO 631051705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

By: James G. Sansone, Manager

SIGNATURE: _____ 4/12/07 314-727-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #