

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027463

Entity Name: A.J.J., L.L.C.

FILED
Jul 03, 2007
Secretary of State

Current Principal Place of Business:

671 BRENT LANE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

671 BRENT LANE
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 56-2508054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTIN, ALBERT J
671 BRENT LANE
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTIN, ALBERT J
Address: 671 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM () Delete
Name: MARTIN, JEFFREY T
Address: 671 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM () Delete
Name: WILBORN, JASON
Address: 1414 HOMEPORT DRIVE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALBERT MARTIN

MGRM

07/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date