

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029508

FILED  
May 07, 2007  
Secretary of State

**Entity Name:** AJ & ASSOCIATES OF BAY WINDS, LLC

**Current Principal Place of Business:**

9873 BAY WINDS DRIVE #5302E  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

4 TILLOTSON ROAD  
HOPEDALE, MA 01747

**New Mailing Address:**

FEI Number: 20-2619685      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:**

**Name and Address of New Registered Agent:**

POSNER, MICHAEL J ESQ  
4420 BEACON CIRCLE STE 100  
WEST PALM BEACH, FL 33407      US

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: MGR      ( ) Delete  
Name: LUM, JAY  
Address: 4 TILLOTSON ROAD  
City-St-Zip: HOPEDALE, MA 01747

Title: MGR      ( ) Delete  
Name: LUM, ALLEN  
Address: 99-50 65TH AVENUE  
City-St-Zip: REGO PARK, NY 11374

**ADDITIONS/CHANGES:**

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: JAY LUM

MGR

05/07/2007

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