

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032528

Entity Name: AHJ, LLC

FILED
Sep 01, 2006
Secretary of State

Current Principal Place of Business:

401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

New Principal Place of Business:

500 VIRGINIA AVENUE
SUITE 200
FORT PIERCE, FL 34982

Current Mailing Address:

401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

New Mailing Address:

500 VIRGINIA AVENUE
SUITE 200
FORT PIERCE, FL 34982

FEI Number: FEI Number Applied For (X) 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:

FEE, FRANK H III ESQ
401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

FEE, FRANK H III ESQ
500 VIRGINIA AVENUE
SUITE 200
FORT PIERCE, FL 34982 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: FRANK H. FEE, III, ESQUIRE

09/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FEE, FRANK H III
Address: 401 SOUTH INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOZWIAK, EUGENE
Address: 3602 CAMPBELL STREET
City-St-Zip: ROLLING MEADOWS, IL 60008

I hereby certify that the information supplied with this filing does not qualify for the 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: EUGENE JOZWIAK

MGR

09/01/2006

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