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(Requestor's Name)					
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(Ci	ty/State/Zip/Phone	⇒ #)			
PICK-UP	WAIT	MAIL			
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Special Instructions to	Filing Officer:	ĺ			
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Office Use Only



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2006 MAR ID PM 4: 28

10 TAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: A&J Management, LLC			
	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Annette M. Gardner			
(Name of Person)	· · · ·		
	2006 MAR 10 PM 4: 28 OFFICE D ALLAHASSEE, FLORIDA		
(Firm/Company)	—————————————————————————————————————		
(Time Company)	ASS. TO LE		
5201 NE 29th Avenue	मुत्र स प		
(Address)			
	Section 1985		
Fort Lauderdale, FL 33308			
(City/State and Zip Code)			
For further information concerning this matt	er, please call:		
Annette M. Gardner	at (215) 432-7575		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	ng amount:		
 ▼ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited li	iability company is:	1 LBA	Management, LLC	
2. The mailing address of the	e limited liability com	ipany	is: 5201 NE 29th Ave	nue,
Fort Lauderdale, FL 33308				
7/8/2005			L05000067535	
3. Date of filing/registration	in Florida		4. Document nun	nber
5. The name of the registered Florida Department of Star				on the records of the
<u>-</u>		Vame		
<u>12</u>	201 Hays Street			
_		ddre	SS	
18	allahassee, FL 323 City, S		and Tin	
	• •		-	٠ ا
6. The name and address of t	he new registered age	nt an	d/or office:	PACIFICATION
Ar	nnette M. Gardner			PILED PH 4: 2
		ime		FILED HARSEE,
	01 NE 29th Avenu			SES P
F	londa street address (P.O.	Box NOT acceptable)	
Fo	ort Lauderdale	FL	32082	
	City, Sta	te an	d Zip	ලිදු ග
If the limited liability compared confirmed that after the chan and the business office of the liability company, it is hereby of the members of the limite or the operating agreement of the operations	ge or changes are made registered agent will by confirmed that the condition of the limited liability of the limited liability of	de, the being hang ras comp	e Florida street address lentical. Or in the case	of the registered office
Annette M. Gardner				
(Printed or typed name of signee)	-		·	
I hereby accept the appointm comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm tha	nent as registered age fall statures relative t ccept the obligations (document is being file it the imited liability	nt are o the of my ed to comp	nd agree to act in this ca proper and complete pi position as registered of merely reflect a change pany has been notified in	pacity. I further agree to prformance of my duties, igent as provided for in in the registered office writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00