## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 02, 2006 8:00 am Secretary of State

City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered  Name  Name  CHAPMAN, KENNETH D JR.  1920 GOLF STREET  SARASOTA, FL 34236  City  Filling Pee is \$30.00  Dues by May 1/2006  TILE  MARK  MARK  TUCKER, JEFFREY E  SIRET ADDRESS  CITY-ST-ZP  TILE  MARK  MA	\$5.00 Ar Fee Requir d Agent	Applied For Not Applicable
City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered  8. Name  Name  Name  Name  Name  Name  CHAPMAN, KENNETH D JR.  1920 GOLF-STREET  SARASOTA, FL 34236  City  F. Street Address (P.O. Box Namber is Not Acceptable)  City  F. Street Address (P.O. Box Namber is Not Acceptable)  City  F. Street Address (P.O. Box Namber is Not Acceptable)  City  F. Street Address (P.O. Box Namber is Not Acceptable)  City  F. Street Address (P.O. Box Namber is Not Acceptable)  Acceptable  City  F. Street Address (P.O. Box Namber is Not Acceptable)  City  F. Street Address (P.O. Box Namber is Not Acceptable)  Acceptable  City  F. Street Address (P.O. Box Namber is Not Acceptable)  City  F. Street Address (P.O. Box Namber is Not Acceptable)  Acceptable  City  F. Street Address (P.O. Box Namber is Not Acceptable)  Acceptable  City  F. Street Address (P.O. Box Namber is Not Acceptable)  Acceptable  City  F. Street Address (P.O. Box Namber is Not Acceptable)  Acceptable  Acceptable  Acceptable  Acceptable  City  F. Street Address (P.O. Box Namber is Not Acceptable)  Acceptable  Acceptabl	\$5.00 Ac Fee Required d Agent	Applied For Not Applicable
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S. Name and Address of Current Registered Agent  S. Name and Address of New Registered  S. Name and Address of New Registered  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  City  City  Filting Pee is \$50.00  Due by May 1, 2006  The MARK  TOCKER, JEFFREY E  TREET ADDRESS  THE MARK  TUCKER, JEFFREY E  THE MAKE  MAKE  MAKE  MAKE  MAKE  MAKE  Deide  THE  MAKE  MAKE  MAKE  Deide  THE  MAKE  MAKE  Deide  THE  MAKE  Deide  THE  MAKE  MAKE  Deide  THE  MAKE  TUCKER, JEFFREY E  Deide  THE  MAKE  Deide  THE  MAKE  Deide  THE  MAKE  Deide  THE  MAKE  TUCKER, WILLIAM D  TUCKER, WILLIAM D  TUCKER, WILLIAM D  TOTATION COURT  THE  MAKE  Deide  THE  MAKE  Deide  THE  MAKE  Deide  THE  MAKE  TUCKER, WILLIAM D  TUCKER, WILLIAM D  TOTATION COURT  THE  MAKE  Deide  THE  MAKE  Deide  THE  MAKE  THE  MAKE  Deide  THE  MAKE  MAKE  Deide  THE  MAKE  THE  MAKE  Deide  THE  MAKE  MAKE  THE  MAKE  Deide  THE  MAKE  MAKE  THE  MAKE  THE  MAKE  THE  MAKE  Deide  THE  MAKE  MAKE  THE  MAKE  Deide  THE  MAKE  THE  THE  MAKE  THE  THE  MAKE  THE  THE  THE  THE  THE  THE  THE  T	\$5.00 Ac Fee Requir d Agent	dditional
Name  CHAPMAN, KENNETH D JR.  1920-GOLF-STREET SARASOTA, FL 34236  City  City  F  I. 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 an the obligations of registered agent.  Synthes, speed or printed remove regenered agent and the state of Florida. I an the obligations of registered agent.  Synthes, speed or printed remove regenered agent and the state of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, or both, in the State of Florida. I an the obligations of registered agent, in the State of Florida. I an the obligations of Florida. I an the obligations of regist	d Agent	
Name  Street Address (P.O. Box Number is Not Acceptable)  City  Filling Poe is \$50.00  Blue by May 12 2008  TO MANAGING MEMBERS / MANAGERS  TO MANAGING MEMBER		
Street Address (P.O. Box Number is Not Acceptable)  City  City  Fine 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 are the obligations of registered agent.  IGNATURE  Synthem had a grind-nember registered agent agent and the repotence with the purpose of changing its registered office or registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of registered agent, or both, in the State of Florida. I are the obligations of Florida. I are the ob	Zio Co	
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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 an the obligations of registered agent.    Signifure   Symbol or printer-remove registered injure and the 4 applicable. (NOTE: Registered Agent algresses when remaining)   DATE	,	de
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January 30, 2006

THE AJJ & J GROUP, LLC 5053 OCEAN BLVD. # 92 SARASOTA, FL 34242

Subject: THE AJJ & J GROUP, LLC

Reference Number:

L05000103516

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION

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